2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 30, 2007 8:00 am Secretary of State **DOCUMENT # P97000082909** 1. Entity Name 04-30-2007 90465 034 ***150.00 BONOM ENTERPRISES, INC. Principal Place of Business Mailing Address 147 S. ROSCOE BLVD. 147 S. ROSCOE BLVD. PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 59-3470888 Not Applicable Country \$8.75 Additional 7in Country Zio 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BONOM, NEIL Street Address (P.O. Box Number is Not Acceptable) 147 S. ROSCOE BLVD. PONTE VEDRA BEACH, FL 32082 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. SPDT TITLE nne ☐ Addition ☐ Delete Change BONOM, NEIL NAME HAME 147 S. ROSCOE BLVD. STREET ADORESS STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP TITLE Delete ☐ Change Addition TITLE NAME BONOM, MARYANNE B NAME STREET ADDRESS 147 S. ROSCOE BLVD. STREET ADDRESS PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE □ Delete nne ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P Addition TITLE Delete HILL ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the indicated on this report or supplemental report is true and abdurate and that my of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with might like epipowered. the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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