2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000083060

Entity Name: KRISTOPHER J. OLSEN, PH.D., P.A.

FILED Apr 16, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

197 BOUGANVILLEA, STE A 6767 NORTH WICKHAM ROAD

ROCKLEDGE, FL 32955 SUITE 306

MELBOURNE, FL 32940

Current Mailing Address: New Mailing Address:

6767 NORTH WICKHAM ROAD PO BOX 560948 ROCKLEDGE, FL 329560948

SUITE 306

MELBOURNE, FL 32940

FEI Number: 59-3470497 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OLSEN, KRISTOPHER J. OLSEN, KRISTOPHER J. 6767 NÓRTH WICKHAM ROAD 197 BOUGANVILLEA RD SUITE 306

ROCKLEDGE, FL 32955 US MELBOURNE, FL 32940 US

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.

SIGNATURE: 04/16/2008

> Date Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

OLSEN, KRISTOPHER J OLSEN, KRISTOPHER J Name: Name:

PO BOX 560948 Address: 6767 NORTH WICKHAM ROAD, SUITE 306 Address:

City-St-Zip: ROCKLEDGE, FL 329560948 City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTOPHER JOLSEN 04/16/2008 DR

Electronic Signature of Signing Officer or Director

Date