2007 FOR PROFIT CORPORATION

ANNUAL REPORT



Apr 23, 2007 8:00 am Secretary of State **DOCUMENT # P97000108307** 04-23-2007 90103 029 ***150.00 JOSÉPH G. PENKALSKI, INC. Principal Place of Business Mailing Address 2754 DUNLIN ROAD 2754 DUNLIN ROAD DELRAY BEACH, FL 33445 US DELRAY BEACH, FL 33445 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 04152007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0801648 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PENKALSKI, JOSEPH G Street Address (P.O. Box Number is Not Acceptable) 2754 DUNLIN ROAD DELRAY BEACH, FL 33444 City Zip Code FL 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 SIGNATURE Signature, typed or primed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when rensisting) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete Addition TITLE TITLE ☐ Change PENKALSKI, JOSEPH G NAME STREET ADDRESS 2754 DUNLIN ROAD STREET ADDRESS DELRAY BEACH, FL 334448124 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-ZiP Delete TITLE SITE F Change ☐ Addition STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7/P ☐ Delete Change TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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