2008 FOR PROFIT CORPORATION

Feb 04, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P98000022526 1. Entity Name T.G. RUNDELL, P.A. Principal Place of Business Mailing Address 1545 DAVIS MOUNTAIN RD 1545 DAVIS MOUNTAIN RD HENDERSONVILLE, NC 28739 HENDERSONVILLE, NC 28739 01292008 No Chq-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0818534 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RUNDELL, JENNIE D 6886 SW 88TH ST. MIAMI, FL 33156 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 0.000000312001 02/12/08-90029-010 150 DO NOT WRITE 10. OFFICERS AND DIRECTORS TITLE NAME RUNDELL, THOMAS G STREET ADDRESS 1545 DAVIS MOUNTAIN RD CITY-ST-ZIP HENDERSONVILLE, NC 28739 TITLE NAME STRFET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. It 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: L

NAME STREET ADDRESS CITY-ST-ZIP

NING OFFICER OR DIRECTOR

FILED