

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000058278

FILED  
Jan 31, 2012  
Secretary of State

Entity Name: THE EXPERTS, INC.

**Current Principal Place of Business:**

2400 E. COMMERCIAL BLVD  
SUITE 614  
FT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

2400 E. COMMERCIAL BLVD  
SUITE 614  
FT. LAUDERDALE, FL 33308

**New Mailing Address:**

FEI Number: 65-0847042      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MORTON, JOHN A  
2400 E. COMMERCIAL BLVD  
SUITE 614  
FT. LAUDERDALE, FL 33308 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: HOSHKO, THOMAS  
Address: 4900 N OCEAN DR APT 208  
City-St-Zip: FT LAUDERDALE, FL 33308

Title: VPSD  
Name: MCLEAN, TIMOTHY  
Address: 1031 SW 15TH STREET  
City-St-Zip: BOCA RATON, FL 33486

Title: VPD  
Name: ZANKI, MARK  
Address: 424 N. RIVERSIDE DRIVE UNIT 103  
City-St-Zip: POMPANO BEACH, FL 33062

Title: CFO  
Name: MORTON, JOHN  
Address: 11400 MT VERNON DR  
City-St-Zip: PLANTATION, FL 33325

Title: COO  
Name: HOSHKO, THOMAS P  
Address: 2400 EAST COMMERCIAL BLVD SUITE 614  
City-St-Zip: FT. LAUDERDALE, FL 33308 BR

I hereby 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 all other like empowered.

SIGNATURE: JOHN MORTON

CFO

01/31/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date