2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:)

Apr 21, 2008 08:00 Al Secretary of State DOCUMENT # P98000068465 GARY J. ARMSTRONG, P.A. Malling Address Principal Place of Business 14243 TEASDALE AVE. 14243 TEASDALE AVE. HUDSON, FL 34667 HUDSON, FL 34667 No Chg-P DO NOT WRITE IN THIS SPACE. 02292008 CR2E034 (11/05) Applied For 4. FEI Number 59-3528083 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ARMSTRONG, GARY J 14243 TEASDALE AVE. HUDSON, FL 34667 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 Signature: typed or printed name of registered agent and title if applicable NS/N7/NS-80057-016 15J.VV 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 10. OFFICERS AND DIRECTORS TITLE ARMSTRONG, GARY J NAME STREET ADDRESS 14243 TEASDALE AVE. CITY-ST-ZIP HUDSON, FL 34667 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-71P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP n this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information s 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 weren to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. Thereby certify that the interindicated on this report of supplied the corporation or the received changed, or on an attachme

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