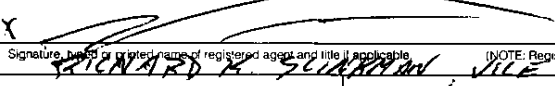


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90028 001 ***150.00

DOCUMENT # P98000084890 1. Entity Name SLINKMAN AND SLINKMAN, P.A.						
Principal Place of Business 1401 FORUM WAY, SUITE 201 W. PALM BCH, FL 33401			Mailing Address 1401 FORUM WAY, SUITE 201 W. PALM BCH, FL 33401			
2. Principal Place of Business - No P.O. Box # 1015 West Indiantown Rd. Suite, Apt. #, etc. Suite 101-A City & State Jupiter, FL Zip 33458		3. Mailing Address 1015 West Indiantown Rd. Suite, Apt. #, etc. Suite 101-A City & State Jupiter, FL Zip 33458				
4. FEI Number 65-0871162		Applied For ☐ Not Applicable				
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SLINKMAN, F. KENDALL 1401 FORUM WAY, SUITE 201 W. PALM BCH, FL 33401			7. Name and Address of New Registered Agent Name Slinkman, Richard K. 1015 West Indiantown Rd., Ste. 101-A Street Address (P.O. Box Number is Not Acceptable) Jupiter, City FL Zip Code 33458			
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  DATE 1/27/08 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP SLINKMAN, F. KENDALL 1400 S. ATLANTIC DR., E. LANTANA, FL 33462		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVP SLINKMAN, RICHARD 18151 SE RIDGEVIEW DR. TEQUESTA, FL 33469		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing 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:  DATE 1/27/08 561-686-3400 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # Richard K. Slinkman, Vice President						