2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 22, 2008 08:00 Al Secretary of State

ANNUAL REPURI						
DOCUMENT # P98000095262 1. Entity Name EAST 15TH STREET, INC.				Secretary of S		
Principal Place of Business Mailing Address		Mailing Address	•]		
7011 15TH		7011 15TH ST. E				
Sarasota, I	FL 34243	SARASOTA, FL 34243				
		**************************************	• •			
	•					
				01162008 No	Chg-P CR2E	034 (11/05)
	O NOT WRITE	IN THIS SPA	CE	4. FEI Number		Applied For
				65-0892367		Not Applicable
	*			5. Certificate of Status	B Desired	\$8.75 Additional Fee Required
<u> </u>	6. Name and Address of Current R	egistered Agent	, ,	1 '3'	- 45 . 14 . 25 . 25	Consequence
			•			
MICHAEL 7011 15TH	S. BENNETT			DO NO	T WRITI	
SARASOTA, FL 34243		•	,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S SPACE	77.4
				HN ITTE	3 SPACE	= • • • • • • • • • • • • • • • • • • •
				The state of the state of	See Berry Control	
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 pnnied name of registered agent an	d stie d applicable. (NOTE: Registere	d Agent signature required	1 when reinstating)	DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	Election Campaign Finar Trust Fund Contribution.		.00 May Be ed to Fees		
10.	OFFICERS AND D	IRECTORS	21 (2.3)	î,		
TITLE NAME	D BENNETT, MICHAEL S		4.4			. _
STREET ADDRESS	7011 15TH ST. E					.72 21=niΩ 150 80
CITY-ST-ZIP	SARASOTA, FL 34243		;	U	[/23/08-500]	1-010 inco
TITLE			,	A STATE	Table 1 St. Carlotte	
NAME STREET ADDRESS						
CITY-ST-ZIP						
TITLE			•			
NAME	•					
STREET ADDRESS CITY-ST-ZIP			, ,	DO NO	T WRITI	E
TITLE			•	• by	i »	
NAME				· IIY I FIR	S SPACE	
STREET ADDRESS						
CITY-ST-ZIP						
TITLE NAME		,				
STREET ADDRESS					ar ar jag till fla	
CITY-ST-ZIP					, * *	1
TITLE			2.0			
NAME STREET ADDRESS						
CITY-ST-ZIP					For a second sec	
12. I hereby o	certify that the information supplied with the	as thing does not qualify for the exe	emptions contained	in Chapter 119, Florida	Statutes. I further cer	tify that the information
indicated on this report or supplemental report include 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 trusted encountries and to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 if changed, or on an attachment with an address, with all other like empowered.						

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Date