2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 24, 2008 8:00 am **Secretary of State** DOCUMENT # P99000002232 01-24-2008 90027 007 ***150.00 1. Entity Name JUDITH SPRING, INC. Principal Place of Business Mailing Address 4047 OKEECHOBEE BLVD STE 120 C/O COMPUKEEPER W PALM BEACH, FL 33409 2298 NW 2ND AVE 20 BOCA RATON, FL 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0884877 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPRING, JUDITH 3855 MAJESTIC PALM WAY Street Address (P.O. Box Number is Not Acceptable) DELRAY BEACH, FL 33445 City Zip Code FL 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D ☐ Delete TITLE Change Addition SPRING, JUDITH NAME NAME STREET ADDRESS 3855 MAJESTIC PALM WY STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33445 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

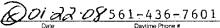
Helill JANUA J. Spring, PR SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

TITLE

NAME

STREET ADDRESS CITY-ST-7IP



Change

Addition

FILED