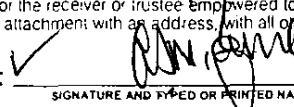


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90027 036 ***150.00

DOCUMENT # P99000005046 1. Entity Name GEOFFREY D.M. BOURNE, INC.			
Principal Place of Business 1903 S CONGRESS AVE 390 BOYNTON BEACH, FL 33426		Mailing Address 1903 S CONGRESS AVE 390 BOYNTON BEACH, FL 33426	
2. Principal Place of Business - No P.O. Box 2056 VISTA PKY-		3. Mailing Address 5	
Suite, Apt. #, etc. #235		Suite, Apt. #, etc. 5	
City & State W. PALM BEACH, FL		City & State W. PALM BEACH, FL	
Zip 33411		Zip 33411	
Country FLA		Country FLA	
4. FEI Number 65-0893703		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOURNE, GEOFFREY D. 1903 S. CONGRESS AVE., #390 BOYNTON BEACH, FL 33426		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
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	D BOURNE, GEOFFREY D 1903 S CONGRESS AVE #390 BOYNTON BEACH, FL 33426 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	GEOFFREY D BOURNE 2056 VISTA PKY - #235 W. PALM BEACH, FL 33411 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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: 		GEOFFREY D.M. BOURNE 3-12-08 (561) 697-4502	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Date of Filing	