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	Mailing Address
1903 S CONGRESS AVE 390 BOYNTON BEACH, FL 33426	1903 S CONGRESS AVE 390 BOYNTON BEACH, FL 33426

01142008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box	3. Mailing Address
2056 VISTA PKY-	
Suite, Apt. #, etc. #235	Suite, Apt. #, etc.
City & State W. PALM BEACH, FL	City & State
Zip 33411 Country PALM BEACH	Zip Country

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	7. Name and Address of New Registered Agent
BOURNE, GEOFFREY D. 1903 S. CONGRESS AVE., #390 BOYNTON BEACH, FL 33426	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 ______________________________ DATE
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	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
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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: [signature] GEOFFREY D. M. BOURNE 3-12-08 (561)697-4502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #