2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P99000022489

FILED Feb 28, 2008 8:00 am Secretary of State A III CO

Pincipal Place of Business - No P.O. Box 5 50574 P.O. Box 5 50574 P.O. Box 5 50574 P.O. Box 5 50574 P.O. Box 5 50574 P.O. Box 5 50574 P.O. Box 5 50574 P.O. Box 5 50574 P.O. Box 5 50574 P.O. Box 5 50574 P.O. Box 5 50574 P.O. Box 5 50574 P.O. Box 5 50574 P.O. Box 5 50574 P.O. Box 5 50574 P.O. Box 5 50574 P.O. Box 5 50574 P.O. Box 5 50574 P.O. Box 5 50574 P.O. Box 5 50574 P.O. Box 6 50574	1. Entity Nan	ne	IG COMPANY., II		DIA.	28-2008 9003			
ACKSONVILLE, FL 32256	Principal Place of Business Mailing Address				,				
Suite, Apt. #, etc.	9780 CREEKFRONT ROAD, SUITE 505								
Suite. Apt. #, etc. Suite. Apt. #, etc. 02262008 Chg.P CR2E034 (12/06)									
Coy & State	2. Principal Place of Business - No P.O. Box #			3. Mailing Address	3. Mailing Address				
Zip Country Sink Apoliocable 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name DONSKY, DOUGLAS 9780 CREEKFRONT ROAD, SUITE 505 JACKSONVILLE, FL 32256 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the originations of registered agent, or both, in the State of Florida. I am familiar with, and accept the originations of registered agent, or both, in the State of Florida. I am familiar with, and accept the originations of registered agent, or both, in the State of Florida. I am familiar with, and accept the originations of registered agent, or both, in the State of Florida. I am familiar with, and accept the originations of registered agent, or both, in the State of Florida. I am familiar with, and accept the originations of registered agent, or both, in the State of Florida. I am familiar with, and accept the originations of registered agent, or both, in the State of Florida. I am familiar with, and accept the originations of registered agent, or both, in the State of Florida. I am familiar with, and accept the originations of registered agent, or both, in the State of Florida. I am familiar with, and accept the originations of registered agent, or both, in the State of Florida. I am familiar with, and accept the originations of registered agent, or both, in the State of Florida. I am familiar with, and accept the originations of registered agent, or both, in the State of Florida. I am familiar with, and accept the originations of registered agent, or both, in the State of Florida. I am familiar with, and accept the originations of registered agent, or both, in the State of Florida. I am familiar with, and accept the originations of registered agent, or both, in the State of Florida. I am familiar with, and accept the originations of registered agent, or both, in the State of Florida. I am familiar wi	Suite, Apt. #, etc.			Suite, Apt. #, etc.		02262008 Chg	⊦P CR	2E034 (12/06)	
Country Zip Country Zip Country S. Certificate of Status Desired \$8,75 f. Additional Foreward	City & State			City & State		i i		⊢	
S. Name and Address of Current Registered Agent	Zip	Zip Country		Zip	Country		Desired	\$8.75 Add	iltional
Street Address (P.O. Box Number is Not Acceptable)	5. Name and Address of Current Registered			t Registered Agent		7. Name and Address	of New Register	,	
Sireer Address (P.O. Box Number is Not Acceptable) City FL Zip Code	DONOISY BOUGHT								
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Symbol Part Pa	9780 CREEKFRONT ROAD, SUITE 505					Street Address (P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu		ŕ							
SIGNATURE Signature File Nowline Fee Satistical agent and the flagolacide. (NOTE Registered Agent alphature requested when rematating) DATE							F	Zip Code	e
### PILE NOWIII -FEE IS \$150.00 After May 1; 2008 Fee will be \$550.00 **PRICE NOWIII -FEE IS \$150.00 After May 1; 2008 Fee will be \$550.00 **PRICE NOWIII -FEE IS \$150.00 **PRICE NOWIII	8. The above the obligat	named entity tions of regist	y submits this statement i ered agent.	or the purpose of changing	its registered office or reg	istered agent, or both, in the S	State of Florida. I	em familiar with,	and accept
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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 cath; that I am an officer or director of the corporation or the receiver contrustee 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 any address, with all other like empowered.

Dovalas Donsk

2/26/08 904-641-4