2008 FOR PROFIT CORPORATION

SIGNATURE:

May 13, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P99000040809 05-13-2008 90013 049 ***150.00 1. Entity Name FIRST FLORIDA FINANCIAL GROUP, INCORPORATED Principal Place of Business Mailing Address 225 EAST LEMON STREET PO BOX 2808 SUITE 351 LAKELAND, FL 33806 US LAKELAND, FL 33801 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 336 W. HIGHLAND DRIVE 336 W. HIGHLAND DRIVE Suite, Apt. #, etc. 03262008 CR2E034 (12/06) SUITE 4 City & State Applied For City & State 4. FEI Number 59-3578145 Not Applicable LAKELAND, FLORIDA LAKELAND, FLORIDA \$8.75 Additional Country POLK 33813 5. Certificate of Status Desired 33813 POLK 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WENDEL, JOHN F Street Address (P.O. Box Number is Not Acceptable) WENDEL, JOHN F C/O WENDEL & CHRITTON, CHARTERED 336 W. HIGHLAND DRIVE 225 EAST LEMON STREET, SUITE 351 LAKELAND FL 33801 SUITE 4 Zip Code 33813 I am familiar with, and accept 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 the obligations of registered SIGNATURE (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change PTO TITLE PTD ☐ Addition TITLE Delete WENDEL, JOHN F NAME NAME WENDEL, JOHN F. STREET ADDRESS 225 EAST LEMON STREET, SUITE 351 STREET ADDRESS 336 W. HIGHLAND DRIVE CITY-ST-ZIP LAKELAND, FL 33801 CITY-ST-ZIP LAKELAND, FLORIDA 33813 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CSTY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED