2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED DOCUMENT # P99000045816 Jul 30, 2008 08:00 AM LINKOUS LAW ASSOCIATES, CHARTERED **Secretary of State** Principal Place of Business Mailing Address 9012 COPELAND ROAD 9012 COPELAND ROAD TAMPA, FL 33637-5102 TAMPA, FL 33637-5102 No Cha-P CR2E034 (11/05) 07282008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3578677 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LINKOUS, J. JUANELL DO NOT WRITE 9012 COPELAND ROAD TAMPA, FL 33637-5102 IN THIS SPACE 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 OFFICERS AND DIRECTORS 10. PSTD LINKOUS, J. JUANELL NAME. STREET ADDRESS 9012 COPELAND ROAD U00000956703 CITY - ST - ZIP TAMPA, FL 336375102 07/30/08-80003-020 150.00 FITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST ZIP IN THIS SPACE DULE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-7IP TITLE NAME

12. Thereby 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 ampowered 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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: