2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 14, 2008 8:00 am Secretary of State DOCUMENT # P99000046284 04-14-2008 90023 003 ***150.00 ANDREW D. DEJUDICIBUS, P.A. Principal Place of Business Mailing Address 7360 ULMERTON RD 7360 ULMERTON RD #180 #180 LARGO, FL 33771 LARGO, FL 33771 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04102008 Chg-P City & State City & State 4. FEI Number Applied For 59-3576788 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEIUDICIBUS, ANDREW D Street Address (P.O. Box Number is Not Acceptable) 7360 ULMERTON RD #180 LARGO, FL 33771 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE Change: ☐ Addition DEIUDICIBUS, ANDREW D NAME NAME 7360 ULMERTON RD # 18D STREET ADDRESS STREET ADORESS LARGO, FL 33771 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE TERESA DELUDICI BUS NAME NAME 7360 LLN BETON ROAD ISD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LARGO, FL 33771 TITLE ☐ Defete TITLE ☐ Change ☐ Addition 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 TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

FILED