

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

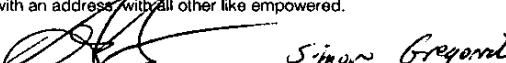
**FILED
Apr 28, 2008 8:00 am
Secretary of State**

04-28-2008 90356 036 ***150.00

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03192008 Chg-P CR2E034 (12/06)

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|---|---------|--|---------|
| DOCUMENT # P99000068189 | |  | |
| <p>1. Entity Name PODS, INC.</p> | | | |
| Principal Place of Business 5585 RIO VISTA DRIVE CLEARWATER, FL 33760 | | Mailing Address 5585 RIO VISTA DRIVE CLEARWATER, FL 33760 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent PARKER, AARON B 5585 RIO VISTA DR. CLEARWATER, FL 33760 | | 7. Name and Address of New Registered Agent 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. | | | |
| <p>SIGNATURE _____</p> <p>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</p> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>CFO HENSLEY, SAMUEL M 5585 RIO VISTA DR. CLEARWATER, FL 33760</p> | | <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p> | |
| <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>PRES WARHURST, PETER S 5585 RIO VISTA DR CLEARWATER, FL 33760</p> | | <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p> | |
| <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>COO CAMPBELL, DARRIN 5585 RIO VISTA DR CLEARWATER, FL 33760</p> | | <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input checked="" type="checkbox"/> Delete</p> | |
| <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>SRVP REVELIA, DAVID 10636 ALICO PASS NEW PORT RICHEY, FL 34655</p> | | <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p> | |
| <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>D BERG, DAVID 780 SUMMIT AVE SAINT PAUL, MN 55105</p> | | <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p> | |
| <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>D DOGANIERO, PHIL 2832 CHELSEA PLACE NORTH CLEARWATER, FL 33759</p> | | <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p> | |
| <p>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.</p> | | | |
| <p>SIGNATURE: </p> | | <p>Simon Gregant 4/1/08 Daytime Phone #</p> | |
| <p>SIGNATOR'S TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p> | | | |