2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

May 08, 2008 8:00 am Secretary of State DOCUMENT # P99000068932 05-08-2008 90023 050 ***150.00 THE CRENSHAW LAW FIRM, P.A. Principal Place of Business Mailing Address 1555 PALM BEACH LAKES BLVD STE 920 1555 PALM BEACH LAKES BLVD STE 920 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1109 So. Congress Ave 1109 South Congress Ave Suite, Apt. #, etc. Suite, Apt. #, etc. 04092008 Chg-P CR2E034 (12/06) Suite D City & State City & State 4. FEI Number Applied For West Palm Beach, FL West Palm Beach, FL 65-0939067 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 33406 33406 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CRENSHAW, PHILLIP T Street Address (P.O. Box Number is Not Acceptable) 1555 PALM BEACH LAKES BLVD STE 920 1109 South Congress Avenue WEST PALM BEACH, FL 33401 Suite D West Palm Beach Zip Code 33406 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. 4/11/08 SIGNATURE**∠** (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE □ Delete TITLE NAME CRENSHAW, KENNETH B NAME STREET ADDRESS 1555 PALM BEACH LAKES BLVD STE 920 STREET ADDRESS 1109 So. Congress Ave., Suite D CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP West Palm Beach, FL 33406 VSD TITLE ☐ Delete **DPS** TITLE Change [] Addition CRENSHAW, PHILLIP T NAME NAME STREET ADDRESS 1555 PALM BEACH LAKES BLVD STE 920 STREET ADDRESS 1109 So. Congress Ave., Ste. D CITY-ST-ZIP WEST-PALM BEACH, FL 33401 CITY-ST-7IP West Palm Beach, FL 33406 TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Channe STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

FILED

Daytime Phone #