2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 02, 2008 8:00 am Secretary of State **DOCUMENT # P99000076080** 1. Entity Name 04-02-2008 90025 016 ***150 00 PETSCH ENTERPRISES, INC. Principal Place of Business Mailing Address 9800-60TH ST. NORTH 7780- 49TH ST. PINELLAS PARK, FL 33782 **SUITE 138** PINELLAS PARK, FL 33781 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 2576 RINGLING BLUD ABOUTE Suite, Apt. #, etc. Suite, Apt. #, etc. 03302008 CR2E034 (12/06) Cha-P City & State SARA SOTA City & State 4. FEI Number Applied For FLA. 59-3594658 Not Applicable Country \$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 SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES, FL 33134 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. (NDTE: Registered Agent signature required when reinstating) DATE 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. PSTD **PSTD** TITLE Addition TITLE ☐ Delete PETSCH CARY A. 2576 RINGLING BLUD. NAME PETSCH, GARY A NAME STREET ADDRESS STREET ADDRESS 9800 60TH STREET NORTH CITY-ST-7IP PINELLAS PARK, FL 33782 CITY-ST-ZIP SARASOTA, PLA. 34237 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition | 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-ZUP TITLE ☐ Change ☐ Addition TITLE □ Delete 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

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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 receive, 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.

CICMATIBE.