2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Jan 29, 2008 8:00 am Secretary of State **DOCUMENT # P99000093153** 01-29-2008 90006 045 ***150 00 ALBÉRT PEEK, INC. Principal Place of Business Mailing Address PO BOX 3988 16 SE BROADWAY ST. OCALA, FL 34471 OCALA, FL 34478 No Cha-P 01222008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3604957 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent J. WARREN BULLARD DO NOT WRITE 18 N.W. THIRD AVENUE OCALA, FL 34475 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) 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PEEK, ALBERT B NAME STREET ADDRESS POST OFFICE BOX 3988 CITY-ST-ZIP OCALA, FL 34478 TITLE NAME PEEK, MARILYN J POST OFFICE BOX 3988 STREET ADDRESS CITY-ST-ZIP OCALA, FL 34478 TITE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZiP NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify fer 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 is 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 additional provided.

FILED