2008 FOR PROFIT CORPORATION

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7iP

Jan 16, 2008 08:00 AN Secretary of State ANNUAL REPORT DOCUMENT # P99000098443 SIEGFRIED CONSULTANTS, INC. Principal Place of Business Maiting Address 1414 POINT CRISP RD 1414 POINT CRISP RD SARASOTA, FL 34242 SARASOTA, FL 34242 CR2E034 (11/05) 01132008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0969983 Not Applicab \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SIEGFRIED, THOMAS A DO NOT WRITE 1414 POINT CRISP RD SARASOTA, FL 34242 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) DATE U000000785656 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 01/17/08-80009-011 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SIEGFRIED, THOMAS A NAME STREET ADDRESS 1414 POINT CRISP RD CITY - ST- 7IP SARASOTA, FL 34242 TITLE NAME STREET ADDRESS CUTY-ST-74P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

FILED

12. I hereby certify that the information supplied with this filing does not quality on 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 i