2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 16, 2008 8:00 am Secretary of State DOCUMENT # P99000110630 1. Entity Name 05-16-2008 90026 003 ***150.00 LORRI R. MILLER, CPA, PA Principal Place of Business Mailing Address 9055 COLBY DRIVE 9055 SOLBY DRIVE MYERS FL 33919 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 10510 10510 Aniat Suite, Apt. #, etc uite. Apt. #, etc. 1st MOORE CR2E034 (10/07) #204 4. FEI Number Applied For 59-3626484 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П 33913 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, LORRI R Street Address (P.O. Box Number is Not Acceptable) 9055 COLBY DRIVE -2202 FORT MYERS FL 33919 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or poth, in the State of Florida. I am familiar with, and accept the obligations of pagistered agent. SIGNATURE (NOTE Registered Agent eignaturn required when reinbinting FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ■ Addition Delete NAME MILLER, LORRI R Miller Lorri R 10510 Aniata Wa NAME STREET ADDRESS 9055 COLBY DRIVE, #2202 STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33919 CITY-ST-ZIP TITLE ☐ Ûelete TITLE Addition Name NAME STREET ADDRESS STREET ADDRESS CHY-S1-712 CITY-ST-ZIP ☐ Daiete TILLE TITLE Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TOTALE ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deiele TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 01TY - ST - ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNING OFFICER OR DIRECTOR

FILED