2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 17, 2007 8:00 am Secretary of State DOCUMENT # S05779 04-17-2007 90233 041 ***150.00 PENINSULA BUSINESS SYSTEMS, INC. Principal Place of Business Mailing Address 40065310 5407-B SOUTHERN COMFORT BLVD. 5407-B SOUTHERN COMFORT BLVD. TAMPA, FL 33634 TAMPA, FL 33634 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 13104 3104 GORE RD 04062007 Chg-P CR2E034 (12/06) 4. FEI Number Applied For NOUE 59-3032042 Not Applicable \$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 ROMAN, PAUL V 5407-B SOUTHERN COMFORT BLVD. Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33634 GORE RA 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, typicd or printed name of registered agent and lit e if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIN FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. . OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROMAN, PAUL V. NAME NAME 13104 GORE RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP DOVER, FL CHY-SI-ZIP TITLE ☐ Delete ☐ Change Addition ROMAN, SHIRLEY B NAME NAME STREET ADDRESS 13104 GORE RD STREET ADDRESS DOVER, FL CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receiver or rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver changed, or on an attachment with Aul V. ROMAN 4/6/07 SIGNATURE:

FILED