2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S28250

FILED Apr 27, 2009 Secretary of State

| | | | D. | | |
|---|---------------------------------|--|--------------------------------------|---|--|
| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
| | OLONIAL DR. D, FL 32803 | | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| | OLONIAL DR. D, FL 32803 | | | | |
| FEI Number | : 59-3043960 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| ORLANDO | OLONIAL DR. D, FL 32803 | US | | | |
| | e named entity e of Florida. | submits this statement for the | e purpose of changing its registered | office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | | | | | |
| | Electro | nic Signature of Registered A | gent | Date | |
| Election Ca | | nic Signature of Registered A | gent | Date | |
| | | ng Trust Fund Contribution (). | | Date S TO OFFICERS AND DIRECTORS: | |
| | mpaign Financin S AND DIREC | org Trust Fund Contribution (). CTORS:) Delete L. TRAIL | ADDITIONS/CHANGE | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CANDI L SMITH PT 04/27/2009