2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PROJETED NAME OF SIGNANG OFFICER OR DIRECTOR

Apr 09, 2007 8:00 am Secretary of State **DOCUMENT # V32465** 04-09-2007 90086 044 ***150.00 1. Entity Name COST CONTROL ASSOCIATES, INC. Principal Place of Business Mailing Address 40054681 496 PEACOCK LANE N **496 PEACOCK LANE N** JUPITER, FL 33458 JUPITER, FL 33458 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 6 2 4 7 Suite, Apt. #, etc. 04052007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number **NOT APPLICABLE** vero ero Not Applicable Zip 32966 Country A \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PADUANO, LORRAINE Street Address (P.O. Box Number is Not Acceptable) 496 PEACOCK LANE N JUPITER, FL 33458 Vero Beach 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_ DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Recistered Agent argnature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change TITLE TITLE ☐ Detete PADUANO, HARRY NAME NAME 6247 CoverTy Place Vero Beach, Fl 32966 STREET ADDRESS 496 PEACOCK LANE N STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-7P Addition TITLE Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE DDF Delete Change Addition | NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CTY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Delete [Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete MLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 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. Pade iano

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