2007 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT (AR) Apr 23, 2007 08:00 All Secretary of State DOCUMENT # V33990 1. Entity Name SUCCESS NOW INC. Principal Place of Business Mailing Address 3570 MAGELLAN CIRCLE 3570 MAGELLAN CIRCLE ... **UNIT 221** MIAMI FL 33180 MIAMI FL 33180 2. Principal Place of Business - No P.O. Box # 3, Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number NO-T APPLICABLE Not Applicable Zıp Country Zip Country \$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 SANDLER, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 3570 MAGELLAN CIRCLE **UNIT 221 MIAMI FL 33180** 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ШЦ ☐ Change ☐ Addition TITLE ☐ Delete SANDLER, WILLIAM NAME 1550 NE 168TH 307N 000000725612 STREET ADDRESS STREET ADDRESS MIAMI FL 33162 05/03/07-80029-018 150.00 CHY-SI-ZIP CITY S1-ZIP ☐ Detete ☐ Change ■ Addition TITLE TETLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP IIILE ☐ Delete TITLE ☐ Change Addition 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP IIILE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP TITLE Delete THE Change Addition NAME NAME

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 eath; 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.

STREET ADDRESS City-SI-7IP

SIGNATURE:

STREET ADDRESS

CITY - ST - 7IP

SIGNATURE AND TYPED OR PRINTED WATE OF SIGNING OFFICER OR DIRECTOR

4//8/0//

Daytime Phone #