2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 22, 2008 08:00 AM DOCUMENT # V62837 **Secretary of State** 1. Entity Name SORRENTO ROAD, INC. Principal Place of Business Mailing Address 6725 STATE ROAD 13 NORTH **6725 STATE ROAD 13 NORTH** SAINT AUGUSTINE, FL 32092 SAINT AUGUSTINE, FL 32092 No Chg-P CR2E034 (11/05) 01162008 4. FE! Number Applied For 59-3141716 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent FRITSCH, PAUL F. DO NOT WRITE 6725 STATE ROAD 13 NORTH SAINT AUGUSTINE, FL 32092 IN THIS SPACE 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 Signitiure, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent argusture required when reinstitting) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS MILE D FRITSCH, PAUL F. STREET ADDRESS 6725 STATE RD 13 N CITY-ST-ZIP SAINT AUGUSTINE, FL 32092 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE HALAF STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-7IP

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 tegal 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.

SIGNATURE:

SOUNTIES AND TIPED OF PRINTED NAME OF BOARD OFFICER OR DIRECTOR

itself 1

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Daytime Phone

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