2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V72966 FILED M. STEPHEN TURNER, P.A. 08 APR - 1 AM 10: 07 Principal Place of Business Mailing Address FIRST FLORIDA BANK TOWER FIRST FLORIDA BANK TOWER 215 SOUTH MONROE ST., SUITE 400 215 SOUTH MONROE ST., SUITE 400 TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 03312008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3158426 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent B & C CORPORATE SERVICES, INC. DO NOT WRITE ONE BISCAYNE TOWER, 21ST FL 2 SOUTH BISCAYNE BLVD IN THIS SPACE MIAMI, FL 33131 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be \Box After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME TURNER, M. STEPHEN STREET ADDRESS 215 S. MONROE ST.,#400 CITY-ST-ZIP TALLAHASSEE, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby 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.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. StephenTurner 3/31

131 08 850-681-6810

Daytime Phone #