2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 07, 2008
Secretary of State

DOCUMENT# P05000026782

Entity Name: WEDDING ONE STOP CORP.

Current Principal Place of Business:

39875 US HWY 27 NORTH
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

346 LOBELIA DR
DAVENPORT, FL 33837

New Mailing Address:

FEI Number: 11-3744401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DWIGHT, CASSANNA A
346 LOBELIA DR
DAVENPORT, FL 33837 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DWIGHT, CASSANNA A
Address: 346 LOBELIA DR
City-St-Zip: DAVENPORT, FL 33837

Title: D ( ) Delete
Name: DWIGHT, SHONDALE
Address: 346 LOBELIA DR
City-St-Zip: DAVENPORT, FL 33837

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CO/D (X) Change ( ) Addition
Name: DWIGHT, CASSANNA A
Address: 346 LOBELIA DR
City-St-Zip: DAVENPORT, FL 33837

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D/S ( ) Change (X) Addition
Name: TURNER, KETIFA
Address: 1750 VALE DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: D/T ( ) Change (X) Addition
Name: BLUE, SANDRA
Address: 39875 US HWY 27 N
City-St-Zip: DAVENPORT, FL 33837

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: KETIFA TURNER D/S 10/07/2008

Electronic Signature of Signing Officer or Director — Date