
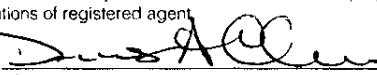
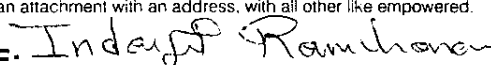


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90008 029 ***158.75

DOCUMENT # P07000046124 1. Entity Name TREASURE PLUS ENTERPRISES INC.		
Principal Place of Business 3795 NW 113 AVE. CORAL SPRINGS, FL 33085		Mailing Address 3795 NW 113 AVE. CORAL SPRINGS, FL 33085
2. Principal Place of Business - No P.O. Box # c/o ChenLaw, PA	3. Mailing Address Suite, Apt. #, etc. 5401 S. Kirkman Rd, 310	
City & State Orlando, FL	City & State Suite, Apt. #, etc. ---	4. FEI Number 20-8853046
Zip 32819	Country ---	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MAHARAJ, GEJENDRA 3795 NW 113 AVE. CORAL SPRINGS, FL 33085		7. Name and Address of New Registered Agent Name ChenLaw, PA Street Address (P.O. Box Number is Not Acceptable) 5401 S. Kirkman Rd., Ste. 310 City Orlando FL Zip Code 32819
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:  Dennis Chen for ChenLaw PA DATE: 1/25/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RAMCHARAN, INDARJIT 164 FLETCHERS RD., TODDS ROAD CHAGUANAS,	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RAMCHARAN, THERESA 164 FLETCHERS RD., TODDS ROAD CHAGUANAS,	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ramcharan, Indarjit 164 Fletchers Rd., Todds Road Chaguanas, Trinidad & Tobago Secretary & Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ramcharan, Theresa 164 Fletchers Rd., Todds Road Chaguanas, Trinidad & Tobago
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: 		Date: January 25th 2008
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>