

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000104924

FILED  
Apr 28, 2012  
Secretary of State

**Entity Name:** ALTRUISTIC ENDEAVORS, INC.

**Current Principal Place of Business:**

800 14TH ST.  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 129  
HORSE SHOE, NC 28742

**New Mailing Address:**

800 14TH ST.  
KEY WEST, FL 33040

FEI Number: 26-3958607

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONNELL, ANDY  
1315 20TH TERR  
KEY WEST, FL 33040 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: P/D  
Name: GUTTMAN, DARREN  
Address: 3 ALLAMANDA TERRACE  
City-St-Zip: KEY WEST, FL 33040

Title: V/D  
Name: GUTTMAN, KAREN  
Address: 800 CATHERINE ST.  
City-St-Zip: KEY WEST, FL 33040

Title: S/T  
Name: GUTTMAN, ELI  
Address: 800 CATHERINE STREET  
City-St-Zip: KEY WEST, FL 33040

I hereby 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 all other like empowered.

SIGNATURE: ELI D. GUTTMAN

S/T

04/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date