

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G11987

Entity Name: STUSH, INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

3150 S BABCOCK STREET
UNIT A
MELBOURNE, FL 32901 US

New Principal Place of Business:

1386 YORK CIRCLE
W. MELBOURNE, FL 32904 US

Current Mailing Address:

P O BOX 146
MELBOURNE, FL 32902 US

New Mailing Address:

FEI Number: 59-2240331 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARBIC, JOYCE E
1386 YORK CIRCLE
W. MELBOURNE, FL 32904 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: ARBIC, JOYCE E
Address: P.O. BOX 146
City-St-Zip: MELBOURNE, FL 32902

Title: VPD () Delete
Name: SHUBA, RANDY L
Address: 156 HAWTHORNE LANE
City-St-Zip: PALM BAY, FL 32909 US

Title: S (X) Delete
Name: WOODRUFF, ELLEN K
Address: 339 NORWOOD AVENUE
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: VP (X) Delete
Name: SANFORD, DAVID G
Address: 329 FITNESS CIRCLE, APT. #2
City-St-Zip: MELBOURNE, FL 32901 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JOYCE ARBIC

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date