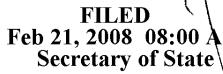
## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)



DOCUMENT # J06486  1. Entity Name  ARISTOCRAT LIMOUSINE, INCORPORATED				Feb 21, 2008 08:00 Secretary of Stat
Principal Place of Business 14196 MARK DRIVE LARGO FL 33774 US		Mailing Address 14196 MARK DRIVE LARGO FL 33774 US		
2. Principal F	Place of Business - No P.C. Box #	3. Mailing Address		
Suite, Apt. #, etc		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/07)
City & State		City & State		4. FEI Number 59-2778786 Applied For Not Applicable
Zıp	Country	Zιρ	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent	Namic	7. Name and Address of New Registered Agent
LEWIS, STEPHEN 14196 MARK DR LARGO FL 33774			TABLIC	
			Street Addre	rss (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
SIGNATURE F	Sanders, sped or primod representations of registered age.  ***********************************	00	E. Fisgisterad Agart engineture fen	9. Election Campaign Financing \$5.00 May Be Trust Fund Centribution. Added to Fees
10.	OFFICERS AN	VD DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEWIS, STEPHEN 14196 MARK DR LARGO FL 33774	☐ De <sup>z</sup> ete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	□ Change □ Addition U00000834291 02/28/08-80048-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Dalete	TITLE HAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
HITEE NAME STREET ADDRESS CITY-ST-ZIP		□ Derete	THLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ De ete	THILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ De-ete	TITLE NAME STREET ADDRLSS CITY-S1-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		□ Derete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

SIGNATURE: 🗘

STEPHEN LEWIS - PKSS X 2-19-08 X 727-593-7766
Diame of Signing Officer or Director

Date of Signing Officer or Director