

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J13123

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: VOLUME ONE BOOKS, INC.

**Current Principal Place of Business:**

8910 TAFT ST  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

8910 TAFT ST  
PEMBROKE PINES, FL 33024 US

**New Mailing Address:**

FEI Number: 59-2696693      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GASS, DANIEL G ESQ.  
10001 NW 50TH STREET  
204  
SUNRISE, FL 33351 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: S ( ) Delete  
Name: LUIPPOLD, KENNETH  
Address: 8910 TAFT STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: P ( ) Delete  
Name: LUIPPOLD, SHARON  
Address: 8910 TAFT STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: SHARON LUIPPOLD

P

04/29/2009

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

\_\_\_\_\_ Date