


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90121 001 ***750.00

DOCUMENT # K40965

1. Entity Name
CELLYNNIE CORP.



Principal Place of Business
**780 CENTRAL FLORIDA PARKWAY
ORLANDO FL 32824
US**

Mailing Address
**780 CENTRAL FLA PKWY
ORLANDO FL 32824
US**

2. Principal Place of Business
1006 MARLEY DR

3. Mailing Address
1006 Marley Drive

Suite, Apt. #, etc.

City & State
Haines City FL

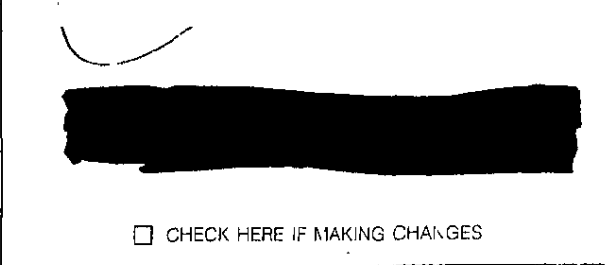
City & State
Haines City FL

Zip
33844

Country
USA

Zip
33844

Country
USA



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**THE BUSINESS LAW GROUP
455 S. ORANGE AVE.
SUITE 500
ORLANDO FL 32801**

4. FEI Number **65-0090857**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name **MARC ALLEGRE**

Street Address (P.O. Box Number is Not Acceptable)
1006 MARLEY DRIVE

City **Haines City** FL Zip Code **33844**

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 **MARC ALLEGRE** DATE **4/11/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MINGUEZ, PATRICE 9503 PORTBURY DRIVE ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARK, ALLEGRE 1006 Marley Dr 780 CENTRAL FLORIDA PKWY ORLANDO FL 32824 Haines City FL 33844	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(i), 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: **MARC ALLEGRE** DATE **4/11/03** DAYTIME PHONE # **(863) 5471095**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR