2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 8:00 am Secretary of State

DOCUMENT # N05000007101 1. Entity Name YESOD, INC.			04	-09-2007 90052 036 ***	*61.25	
Principal Place of Business Mailing Address 410 WARE BLVD STE 710 410 WARE BLVD STE 710 TAMPA, FL 33619 TAMPA, FL 33619		710		1	KANDI KI (19)	
Principal Place of Business - No P.O. Box # Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		NP CR2E037 (12/06)		
City & State	City & State	City & State		 -	Applied For	
Zip Country	Zip	Country	5. Certificate of Status	Desired S8.75 Ac Fee Requir		
6. Name and Address of Curren	nt Registered Agent		7. Name and Address	s of New Registered Agent		
MCINTOSH ANDREWA		Name				
MCINTOSH, ANDREW L 101 E KENNEDY BLVD STE 2000 TAMPA. FL 33602		Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
·		:				
		City		FL Zip Co	de	
The above named entity submits this statement the obligations of registered agent.	for the purpose of changing it	ts registered office or regis	stered agent, or both, in the	State of Florida I am familiar with	n, and accept	
SIGNATURE Signature, typed or printed name of registered age	ent and title if applicable (NC	DTE Registered Agent signature requ	lired when reinstating)	DATE		
	9. Election Ca	OTE Registered Agent signature requiampaign Financing Contribution.	\$5.00 May Be Added to Fees	DATE Make check payable Florida Department of 1		
Signature, typed or printed name of registered age Filing Fee is \$61.25 Due by May 1, 2007	9. Election Ca Trust Fund	ampaign Financing Contribution.	\$5.00 May Be Added to Fees	Make check payable Florida Department of S	State	
Signature, typed or printed name of registered age Filing Fee is \$61.25 Due by May 1, 2007	9. Election Ca Trust Fund DIRECTORS	ampaign Financing	\$5.00 May Be Added to Fees	Make check payable	State	
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Signature Typed or printed name of registered age Filing Fee is \$61.25 Due by May 1, 2007	9. Election Ca Trust Fund DIRECTORS	ampaign Financing Contribution. 11. IIILE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees	Make check payable Florida Department of \$ TO OFFICERS AND DIRECTORS ☐ Change	State IN 10 Addition	
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12. Thereby certify that the information supplied with this tiling does not quality for the exemptions contained 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 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4(2)07

813635-93

2007 NOT-FOR-PROFIT CORPORATION

ATTACHMENT **ANNUAL REPORT** DOCUMENT # N05000007101 1. Entity Name YESOD, INC. Principal Place of Business Mailing Address HD52989 410 WARE BLVD STE 710 410 WARE BLVD STE 710 TAMPA, FL 33619 TAMPA, FL 33619 03202007 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3145651 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCINTOSH, ANDREW L DO NOT WRITE 101 E KENNEDY BLVD STE 2000 TAMPA, FL 33602 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS 10. TITLE GRIFFIN, DAVID NAME STREET ADDRESS 800 1/2 N CALHOUN ST CITY-ST-ZIP TALLAHASSEE, FL 32303 TITLE D NAME BRAMWELL-GORDON, VIVIENNE STREET ADDRESS 12604 RIVERBIRCH DR CITY-ST-ZIP RIVERVIEW, FL 33569 TITLE Ď NAME CHO, DONALD STREET ADDRESS **6 KINGSLEY CT** DO NOT WRITE CITY-ST-ZIP **NEWTON, PA 18940** TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 617, 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. changed, or on an attachment with an address.

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-635-9506