2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005323

Title:

Name:

Address:

City-St-Zip:

Entity Name: LEGENDARY LEGACY, INC.

FILED Apr 25, 2009 Secretary of State

•						
Current Principal Place of Business:				New Principal Place of Business:		
C/O RICHARDS 2665 S. BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133				2665 S. BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133		
Current Mailing Address:				New Mailing Address:		
C/O RICHARDS 2665 S. BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133				2665 S. BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133		
FEI Number:	20-4929633	FEI Number Applied For	·() FEI Nur	nber Not Applicable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
WORLD CORPORATE SERVICES, INC. 2665 S. BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133 US						
The above in the State	named enti of Florida.	ty submits this statement f	or the purpose o	of changing its registe	ered office or registered agent, or both,	
SIGNATUR	RE:					
	Electi	ronic Signature of Registe	red Agent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D SHANKAR, S 4312 WINGI PLANO, TX	REN DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D RAJAM, NAF 4312 WINGF PLANO, TX	REN DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D CHEELA, RA 4312 WINGS PLANO, TX	REN DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: TIMOTHY D. RICHARDS AS 04/25/2009

AS () Delete RICHARDS, TIMOTHY D

MIAMI, FL 33133

2665 S BAYSHORE DRIVE, SUITE 703

() Change () Addition