

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008625

FILED  
Sep 26, 2008  
Secretary of State

Entity Name: AMAZING GURLZ, INC.

**Current Principal Place of Business:**

371 FT. SMITH BLVD.  
DELTONA, FL 32738

**New Principal Place of Business:**

**Current Mailing Address:**

371 FT. SMITH BLVD.  
DELTONA, FL 32738

**New Mailing Address:**

FEI Number: 86-1173222      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

MARTIN, JOHNETTE  
371 FT. SMITH BLVD.  
DELTONA, FL 32738      US

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

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: MARTIN, JOHNETTE  
Address: 371 FT. SMITH BLVD.  
City-St-Zip: DELTONA, FL 32738

Title: D      ( ) Delete  
Name: MARTIN, ACKAR  
Address: 371 FORT SMITH BLVD  
City-St-Zip: DELTONA, FL 32738

Title: D      ( ) Delete  
Name: MARTIN, IRA  
Address: 371 FORT SMITH BLVD  
City-St-Zip: DELAND, FL 32738

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

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: JOHNETTE MARTIN

D

09/26/2008

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

\_\_\_\_\_  
Date