

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000024

FILED
May 01, 2008
Secretary of State

Entity Name: SISTUHS, INCORPORATED

Current Principal Place of Business:

1447 STONE RD #H60
TALLAHASSEE, FL 32303

New Principal Place of Business:

1447 STONE RD
#H60
TALLAHASSEE, FL 32303

Current Mailing Address:

C/O DIRECTOR OF LEGISLATION
PO BOX 20194
TAMPA, FL 336220194

New Mailing Address:

1447 STONE RD
#H60
TALLAHASSEE, FL 32303

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
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:

WILLIFORD, TASHEIKA
1447 STONE RD #H60
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

WILLIFORD, TASHEIKA
1447 STONE RD
#H60
TALLAHASSEE, FL 32303 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: TASHEIKA WILLIFORD

05/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PRINCE, CELICIA
Address: 11007 WINGATE DR
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: MARSHALL, BEKKAH
Address: PO BOX 142402
City-St-Zip: GAINESVILLE, FL 32614

Title: D () Delete
Name: JAMES, CRYSTAL
Address: 682 IVY STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: D () Delete
Name: ALSTON, JAZMYN
Address: 2109 LOYAL LANE #2
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: OLUSHOLA, JOYCE
Address: 119 SUMAC STREET
City-St-Zip: PHILADELPHIA, PA 19128

Title: D () Delete
Name: WILLIFORD, SHEIKA
Address: PO BOX 20816
City-St-Zip: TALLAHASSEE, FL 32303

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:

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: TASHEIKA WILLIFORD

DIR.

05/01/2008

Electronic Signature of Signing Officer or Director

Date