## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # N07000002710 01-14-2008 90087 048 \*\*\*\*61.25 HOT FLASHZ, INC. Principal Place of Business Mailing Address 13642 PINE VILLA LANE 13642 PINE VILLA LANE FORT MYERS, FL 33912 FORT MYERS, FL 33912 2. Principal Place of Business - No P.O. Box # 3. Mailing Address SAME 5AME Suite, Apt. #, etc. Suite, Apt. #, etc 01072008 Chq-NP CR2E037 (12/06) Applied For 4. FEI Number City & State City & State 61-1522874 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 5AME SAGE, MARJEAN Street Address (P.O. Box Number is Not Acceptable) 13642 PINE VILLA LANE FORT MYERS, FL 33912 SAME Zip Code FL 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 Lyped or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS Change TITLE ☐ Delete TITLE ☐ Addition NAME SAGE, MARJEAN MAME SAME STREET ADDRESS STREET ADDRESS 13642 PINE VILLA LANE CITY-ST-ZIP FORT MYERS, FL 33912 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete BRUSSEAU, SUZANNE NAME NAME SAME 916 SE 16TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33990 CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE WALTER, BEVERLY NAME NAME SAME 12491 MCGREGOR BLVD. #20 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33919 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MEYERS, JOHANNA NAME NAME SAME 5246 SEAGULL CT. STREET ADDRESS STREET ADDRESS CAPE CORAL, FL 33907 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete FITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/08 (239)482-6252

FILED

Jan 14, 2008 8:00 am