

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002710

FILED
Mar 01, 2009
Secretary of State

Entity Name: HOT FLASHZ, INC.

Current Principal Place of Business:

13642 PINE VILLA LANE
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

13642 PINE VILLA LANE
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 61-1522874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAGE, MARJEAN
13642 PINE VILLA LANE
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

SAGE, MARJEAN G PRES
13642 PINE VILLA LANE
FORT MYERS, FL 33912 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: MARJEAN G. SAGE

03/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAGE, MARJEAN
Address: 13642 PINE VILLA LANE
City-St-Zip: FORT MYERS, FL 33912

Title: V () Delete
Name: BRUSSEAU, SUZANNE
Address: 916 SE 16TH ST
City-St-Zip: CAPE CORAL, FL 33990

Title: S () Delete
Name: WALTER, BEVERLY
Address: 12491 MCGREGOR BLVD. #20
City-St-Zip: FORT MYERS, FL 33919

Title: T () Delete
Name: MEYERS, JOHANNA
Address: 5246 SEAGULL CT.
City-St-Zip: CAPE CORAL, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SAGE, MARJEAN G PRES
Address: 13642 PINE VILLA LANE
City-St-Zip: FORT MYERS, FL 33912

Title: VP (X) Change () Addition
Name: ROBINSON, SHAR L VP
Address: 8033 TIGER PALM WAY
City-St-Zip: FORT MYERS, FL 33966

Title: SECY (X) Change () Addition
Name: WALTER, BEVERLY A SECY
Address: 12491 MCGREGOR BLVD. #20
City-St-Zip: FORT MYERS, FL 33919

Title: T (X) Change () Addition
Name: MEYERS, JOHANNA TREAS
Address: 5246 SEAGULL CT.
City-St-Zip: CAPE CORAL, FL 33907

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: MARJEAN G. SAGE

PRES

03/01/2009

Electronic Signature of Signing Officer or Director

Date