

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005033

FILED
Apr 30, 2009
Secretary of State

Entity Name: UNCOMMON CULTURES, INC.

Current Principal Place of Business:

701 BEAN LANE
ORLANDO, FL 32803

New Principal Place of Business:

8612 CLAIBORNE CT
ORLANDO, FL 32825

Current Mailing Address:

701 BEAN LANE
ORLANDO, FL 32803

New Mailing Address:

8612 CLAIBORNE CT
ORLANDO, FL 32825

FEI Number: 26-2678602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DELIZ, MICHAEL A
701 BEAN LANE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

DELIZ, MICHAEL A
8612 CLAIBORNE CT.
ORLANDO, FL 32825 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:

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DELIZ, MICHAEL
Address: 701 BEAN LANE
City-St-Zip: ORLANDO, FL 32803

Title: VP () Delete
Name: JUARBE, KRISTINA
Address: 701 BEAN LANE
City-St-Zip: ORLANDO, FL 32803

Title: VP () Delete
Name: GARCIA, HECTOR J
Address: 701 BEAN LANE
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DELIZ, MICHAEL A
Address: 8612 CLAIBORNE CT.
City-St-Zip: ORLANDO, FL 32825

Title: VP (X) Change () Addition
Name: JUARBE, KRISTINA
Address: 530 FERN LAKE DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: VP (X) Change () Addition
Name: GARCIA, HECTOR J
Address: 530 FERN LAKE DRIVE
City-St-Zip: ORLANDO, FL 32825

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: MICHAEL A. DELIZ

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date