

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2009
Secretary of State

DOCUMENT# N0800000513

Entity Name: GIFTS FROM THE UNIVERSE, INC.

Current Principal Place of Business:

% TUT ENT, INC.
8240 EXCHANGE DRIVE, #4
ORLANDO, FL 32809

New Principal Place of Business:

GIFTS FROM THE UNIVERSE INC
8240 EXCHANGE DRIVE, #4
ORLANDO, FL 32809

Current Mailing Address:

% TUT ENT, INC.
8240 EXCHANGE DRIVE, #4
ORLANDO, FL 32809

New Mailing Address:

GIFTS FROM THE UNIVERSE INC
8240 EXCHANGE DRIVE, #4
ORLANDO, FL 32809

FEI Number: 26-2699671 FEI Number Applied For () FEI Number Not Applicable () 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:

DOOLEY, MIKE
8240 EXCHANGE DR
#4
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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: DOOLEY, MIKE
Address: 8240 EXCHANGE DRIVE, #4
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: FLOYD, CRYSTAL
Address: 8240 EXCHANGE DRIVE, #4
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: SHAFEI, SAMIR
Address: 10348 CYPRESS ISLE CT
City-St-Zip: ORLANDO, FL 32836

Title: D () Delete
Name: CAYLOR, RON
Address: 13358 HERON COVE DR
City-St-Zip: ORLANDO, FL 32837

Title: D () Delete
Name: LEIS, KATHARINE
Address: 548 LAKE AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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:

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: MIKE DOOLEY

D

06/29/2009

Electronic Signature of Signing Officer or Director

_____ Date