2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# P00000026792

Entity Name: EVERYBODY'S BUSINESS ETC..., INC.

Current Principal Place of Business:

4090 BERMUDA GROVE PL
LONGWOOD, FL 32779

New Principal Place of Business:

4757 S. ATLANTIC AVE.
UNIT 401
PONCE INLET, FL 32127

Current Mailing Address:

4090 BERMUDA GROVE PL
LONGWOOD, FL 32779

New Mailing Address:

4757 S. ATLANTIC AVE.
UNIT 401
PONCE INLET, FL 32127

FEI Number: 59-3632989 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ASHTON, JEFFREY A
4090 BERMUDA GROVE PL
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

ASHTON, JEFFREY A
4757 S. ATLANTIC AVE.
UNIT 401
PONCE INLET, FL 32127 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: JEFFREY A. ASHTON 01/07/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ASHTON, JOAN T
Address: 4090 BERMUDA GROVE PL
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete
Name: ASHTON, JEFFREY A
Address: 4090 BERMUDA GROVE PL
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ASHTON, JOAN T
Address: 4757 S. ATLANTIC AVE. UNIT 401
City-St-Zip: PONCE INLET, FL 32127

Title: D (X) Change ( ) Addition
Name: ASHTON, JEFFREY A
Address: 4757 S. ATLANTIC AVE. UNIT 401
City-St-Zip: PONCE INLET, FL 32127

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY A. ASHTON PRES 01/07/2009
Electronic Signature of Signing Officer or Director Date