2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000112768

City-St-Zip: BONITA SPRINGS, FL 34135

Entity Name: YOURS BUY REQUEST, INC.

FILED Jan 27, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | | |
|---|---|--------------------------------|------------------------------------|--|--|
| | NRWINDS LANE SPRINGS, FL 3 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | NRWINDS LANE SPRINGS, FL 3 | | | | |
| FEI Numbe | er: 59-3686243 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | | |
| 24924 FA | GER, BONALYN NRWINDS LANI SPRINGS, FL 3 | Ξ | | | |
| | e named entity : te of Florida. | submits this statement for the | purpose of changing its registered | office or registered agent, or both, | |
| SIGNATU | JRE: | | | | |
| | Electror | nic Signature of Registered Ag | ent | Date | |
| Election Ca | ampaign Financin | g Trust Fund Contribution (). | | | |
| OFFICER | RS AND DIREC | TORS: | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: | D () KENSINGER, B | | Title: Name: | () Change () Addition | |

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

SIGNATURE: BONALYNN KENSINGER D 01/27/2009