

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # P01000016415 1. Entity Name THROTTLE-UP INC.	
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Principal Place of Business 8405 SE WOODCREST PL HOBE SOUND, FL 33455	Mailing Address 8405 SE WOODCREST PL HOBE SOUND, FL 33455
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DO NOT WRITE IN THIS SPACE



02042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1078980	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPICOTTI, DIANA
 8405 SE WOODCREST PL
 HOBE SOUND, FL 33455

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

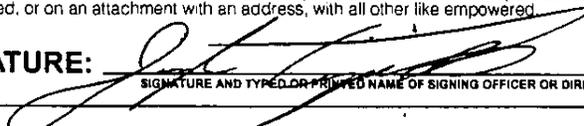
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAPICOTTI, JOE 8405 SE WOODCREST PL HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CAPICOTTI, JOE 8405 SE WOODCREST PL HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/21/08-80012-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 3/3/08 DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR