

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000016483

Entity Name: UNCHARTEDH20, INC.

FILED
Mar 07, 2009
Secretary of State

Current Principal Place of Business:

16425 COLLINS AVE., #2311
MIAMI BEACH, FL 33160

New Principal Place of Business:

1945 S OCEAN DRIVE
APT 2214
HALLANDALE, FL 33009

Current Mailing Address:

16425 COLLINS AVE., #2311
MIAMI BEACH, FL 33160

New Mailing Address:

1945 S OCEAN DRIVE
APT 2214
HALLANDALE, FL 33009

FEI Number: 65-1084500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANSON, MAHLON
16425 COLLINS AVE., #2311
MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

HANSON, MAHLON
1945 S OCEAN DRIVE
APT 2214
HALLANDALE, FL 33009 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: MAHLON HANSON

03/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HANSON, MAHLON
Address: 16425 COLLINS AVE. #2311
City-St-Zip: MIAMI, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HANSON, MAHLON
Address: 1945 S. OCEAN DRIVE #2214
City-St-Zip: HALLANDALE, FL 33009

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: MAHLON HANSON

PD

03/07/2009

Electronic Signature of Signing Officer or Director

Date