

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000024604

Entity Name: TRUE STAR, INC.

FILED
Mar 11, 2007
Secretary of State

Current Principal Place of Business:

PO BOX 450201
KISSIMMEE, FL 34745 US

New Principal Place of Business:

8001 S. OBT
ORLANDO, FL 32837 US

Current Mailing Address:

PO BOX 450201
KISSIMMEE, FL 34745 US

New Mailing Address:

FEI Number: 59-3701179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUSTAFA, SHAKIR
14120 SIERRA VISTA DR.
ORLANDO, FL 32837 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MUSTAFA, SHAKIR
Address: 14120 SIERRA VISTA DR.
City-St-Zip: ORLANDO, FL 32837 US

Title: D () Delete
Name: ALAWI, MOSTAFA
Address: PO BOX 450201
City-St-Zip: KISSIMMEE, FL 34745 US

Title: D () Delete
Name: MUSTAFA, MAZIN S
Address: 14029 SIERRA VISTA DR.
City-St-Zip: ORLANDO, FL 32837 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MUSTAFA, SHAKIR
Address: 14120 SIERRA VISTA DR.
City-St-Zip: ORLANDO, FL 32837 US

Title: VP (X) Change () Addition
Name: MUSTAFA, MAZIN
Address: 14029 SIERRA VISTA DR.
City-St-Zip: ORLANDO, FL 32837 US

Title: VP (X) Change () Addition
Name: MUSTAFA, KHALIDA S
Address: 14120 SIERRA VISTA DR.
City-St-Zip: ORLANDO, FL 32837 US

I hereby certify that the information supplied with this filing does not qualify for the 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: SHAKIR MUSTAFA

P

03/11/2007

Electronic Signature of Signing Officer or Director

Date