

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90020 009 ***150.00

DOCUMENT # P01000050582	
1. Entity Name TUCKER INTERNATIONAL USA, INC.	

Principal Place of Business 7836 CHASE MEADOWS DR. EAST JACKSONVILLE, FL 32256	Mailing Address 7836 CHASE MEADOWS DR. EAST JACKSONVILLE, FL 32256
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40024768

2. Principal Place of Business - No P.O. Box # 7545 Centurian Pkwy Suite, Apt. #, etc. Suite 404 City & State Jacksonville, FL Zip 32256 Country USA	3. Mailing Address 7545 Centurian Pkwy Suite, Apt. #, etc. Suite 404 City & State Jacksonville, FL Zip 32256 Country USA
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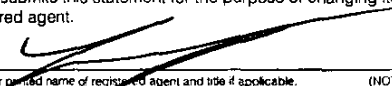


02012008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3723720	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AL-SHAMI, HILMI 7836 CHASE MEADOWS DR. EAST JACKSONVILLE, FL 32256	7. Name and Address of New Registered Agent Name AL-SHAMI, Hilmi Street Address (P.O. Box Number is Not Acceptable) 7545 Centurian Pkwy Suite 404 City Jacksonville FL Zip Code 32256
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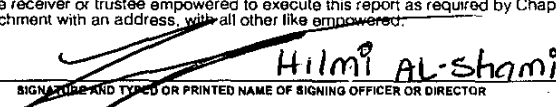
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 2/8/2008
(NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AL-SHAMI, HILMI 7836 CHASE MEADOWS DR. EAST JACKSONVILLE, FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  Hilmi AL-Shami
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 2/8/2008/904-642-0140
Daytime Phone #