2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State
02-14-2008 90020 009 ***150.00

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1. Entity Name
TUCKER INTERNATIONAL USA, INC.

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

02012008 Chg-P CR2E034 (12/06)

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

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	7. Name and Address of New Registered Agent
AL-SHAMI, HILMI 7836 CHASE MEADOWS DR. EAST JACKSONVILLE, FL 32256	Name: AL-SHAMI, HILMI Street Address (P.O. Box Number is Not Acceptable): 7545 Centurian PKWY Suite 404 City: Jacksonville **FL** Zip Code: 32256

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: [signature] 2/8/2008
Signature, typed or printed name of registered agent and title if applicable. (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	AL-SHAMI, HILMI		NAME		
STREET ADDRESS	7836 CHASE MEADOWS DR. EAST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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