


**FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90028 007 \*\*\*150.00

DOCUMENT # <b>P010000069806</b>	
1. Entity Name <b>Organize This Inc.</b>	

**DO NOT WRITE IN THIS SPACE**

**40102794**

2. Principal Place of Business - No P.O. Box # <b>3545 So Ocean Blvd.</b>	3. Mailing Address <b>same</b>
Suite, Apt. #, etc. <b>N 306</b>	Suite, Apt. #, etc.

CR2E034B (5/07)

City & State <b>So Palm Beach, FL</b>	City & State
Zip <b>33480</b>	Country <b>US</b>

4. FEI Number <b>65 1127540</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>Marlene Ashdown</b>	
Street Address (P.O. Box Number is Not Acceptable) -- <b>3545 So Ocean Blvd. N 306</b>	
City <b>So. Palm Beach</b>	FL Zip Code <b>33480</b>

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 *Marlene Ashdown* DATE 5/4/08

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

January 1 - May 1: Fee is \$150.00  
After May 1: Fee is \$550.00  
Amended AR is \$61.25  
Make Check Payable to Florida Department of State

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	<b>Marlene Ashdown President 3545 So Ocean Blvd N 306 So Palm Beach, FL 33480</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with or without other like empowered.

SIGNATURE: *Marlene Ashdown* DATE 5/4/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #