

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000121889

Entity Name: SLEW THE ODDS, INC.

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5817 LAKE CHAMPLAIN DR  
ORLANDO, FL 32829

**New Principal Place of Business:**

**Current Mailing Address:**

5817 LAKE CHAMPLAIN DR  
ORLANDO, FL 32829

**New Mailing Address:**

FEI Number: 03-0393080

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DELANO, LINDA P PRESIDE  
5817 LAKE CHAMPLAIN DR  
ORLANDO, FL 32829 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DELANO, LINDA P  
Address: 5817 LAKE CHAMPLAIN DR  
City-St-Zip: ORLANDO, FL 32829

I hereby 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 all other like empowered.

SIGNATURE: LINDA DELANO

PRES

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date