FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2004 8:00 am
Secretary of State
05-10-2004 90484 020 ***150.00

DOCUMENT # P02000026814

1. Entity Name
Nanna, Inc. dba Granny Nannies

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8282 Western Way Cir.	8282 Western Way Cir.
Suite, Apt. #, etc. Ste. 1202	Suite, Apt. #, etc. Ste. 1202
City & State Jacksonville, Fla.	City & State Jax, FL.
Zip 32256 Country Duval	Zip 32256 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-06 30168 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Irene Lambert

Street Address (P.O. Box Number is Not Acceptable) 757 Foxhound Dr.

City Port Orange FL Zip Code 32128

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 Irene Lambert 1/19/04
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR 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 Irene Lambert - Pres.	TITLE
NAME	NAME
STREET ADDRESS 757 Foxhound Dr.	STREET ADDRESS
CITY-ST-ZIP Port Orange, FL. 32128	CITY-ST-ZIP
TITLE Jerry Lambert - Vice Pres.	TITLE
NAME	NAME
STREET ADDRESS 757 Foxhound Dr.	STREET ADDRESS
CITY-ST-ZIP Port Orange, FL. 32128	CITY-ST-ZIP
TITLE	TITLE
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CITY-ST-ZIP	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

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