

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000049630

Entity Name: Y 2 K AB UNLIMITED INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

2180 NW 65 ST.
OCALA, FL 34475

New Principal Place of Business:

640 NE 21ST AVENUE
OCALA, FL 34470

Current Mailing Address:

1709 HARBOUR VIEW DR.
LENOIR CITY, TN 37772

New Mailing Address:

FEI Number: 30-0069244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, DON SR.
2180 NW 65 ST.
OCALA, FL 34475 US

Name and Address of New Registered Agent:

GREENE, DON SR.
640 NE 21ST AVENUE
OCALA, FL 34470 US

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: DONALD R GREENE, SR.

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GREENE, DONALD R SR.
Address: 1709 HARBOUR VIEW DR.
City-St-Zip: LENOIR CITY, TN 37772

Title: SEC () Delete
Name: COMAS, DANIELLE
Address: 640 NE 21 AVE
City-St-Zip: OCALA, FL 34470

Title: VP () Delete
Name: BOGAN, JUDY A
Address: 2175 NW 64 ST
City-St-Zip: OCALA, FL 34475

Title: D (X) Delete
Name: BOGAN, JUDY A
Address: 2175 NW 64 ST
City-St-Zip: OCALA, FL 34475

Title: D () Delete
Name: GREENE, NANCY
Address: 2180 NW 65 ST
City-St-Zip: OCALA, FL 34475

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: COMAS, DANIELLE
Address: 640 NE 21 AVE
City-St-Zip: OCALA, FL 34470

Title: S (X) Change () Addition
Name: BOGAN, JUDY A
Address: 1310 CENTRAL POINT ROAD
City-St-Zip: RUTLEDGE, TN 37861

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GREENE, NANCY
Address: 1338 CENTRAL POINT ROAD
City-St-Zip: RUTLEDGE, TN 37861

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DONALD R GREENE, SR.

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date