

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000049630

Entity Name: Y 2 K AB UNLIMITED INC.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

640 NE 21ST AVENUE  
OCALA, FL 34470

**New Principal Place of Business:**

**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.  
640 NE 21ST AVENUE  
OCALA, FL 34470 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: GREENE, DONALD R SR.  
Address: 1709 HARBOUR VIEW DR.  
City-St-Zip: LENOIR CITY, TN 37772

Title: VP  
Name: COMAS, DANIELLE  
Address: 640 NE 21 AVE  
City-St-Zip: OCALA, FL 34470

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: DONALD R GREENE, SR.

P

04/20/2011

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

\_\_\_\_\_  
Date