

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Apr 15, 2009
Secretary of State**

DOCUMENT# P02000053548

Entity Name: SHALYSIA JACKSON INC.

Current Principal Place of Business:

15171 NW 4 AVE
CITRA, FL 32113

New Principal Place of Business:

15175 NW 4 AVE
CITRA, FL 32113

Current Mailing Address:

15171 NW 4 AVE
CITRA, FL 32113

New Mailing Address:

15175 NW 4 AVE
CITRA, FL 32113

FEI Number: 73-1646007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, SHALYSIA
15171 NW 4 AVE
CITRA, FL 32113 US

Name and Address of New Registered Agent:

JACKSON, SHALYSIA
15175 NW 4 AVE
CITRA, FL 32113 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:

Electronic Signature of Registered Agent

04/15/2009

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JACKSON, LEE
Address: 18550 NW 60 AVE.
City-St-Zip: ORANGE LAKE, FL 32681

Title: V () Delete
Name: JACKSON, MARY
Address: 18550 NW 60 AVE.
City-St-Zip: ORANGE LAKE, FL 32681

Title: T () Delete
Name: CLINTON, LAVETT
Address: 15171 NW 4 AVE
City-St-Zip: CITRA, FL 32113

Title: S () Delete
Name: THOMAS, SHAKIRA
Address: 15171 NW 4 AVE
City-St-Zip: CITRA, FL 32113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JACKSON, SHALYSIA
Address: 15175 NW 4TH AVENUE
City-St-Zip: CITRA, FL 32113

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

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

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

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: SHALYSIA JACKSON

Electronic Signature of Signing Officer or Director

P

04/15/2009

Date