


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000063932  
 1. Entity Name  
 SUPPLYUNOW, INC.



Principal Place of Business  
 8198 SE SANCTUARY DRIVE  
 HOBE SOUND, FL 33455

Mailing Address  
 8198 SE SANCTUARY DRIVE  
 HOBE SOUND, FL 33455

**DO NOT WRITE IN THIS SPACE**



02132008 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3680247	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DAHLIN, JUDITH A  
 8198 SE SANCTUARY DRIVE  
 HOBE SOUND, FL 33455

**DO NOT WRITE IN THIS SPACE**

B. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAHLIN, LESTER A III 8198 SE SANCTUARY DR HOBE SOUND, FL 33456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAHLIN, JUDITH A 8198 SE SANCTUARY DR HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000831371  
 02/27/08-80014-019 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Judith A Dahlin Sec/Trea 2/14/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Date Day/Time Phone #