

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000084218

Entity Name: MAY A. OUANO, INC.

FILED  
Aug 05, 2009  
Secretary of State

## Current Principal Place of Business:

8731 MARTINIYE LN.  
PORT RICHEY, FL 34668 US

## New Principal Place of Business:

7236 STATE ROAD 52 STE. 4  
HUDSON, FL 34667 US

## Current Mailing Address:

6105 MAIN ST  
NEW PORT RICHEY, FL 34653 US

## New Mailing Address:

7236 STATE ROAD 52 STE. 4  
HUDSON, FL 34667 US

FEI Number: 55-0792860

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OUANO, MAY A  
8731 MARTINIQUE LANE  
PORT RICHEY, FL 34668 US

## Name and Address of New Registered Agent:

WALKA, MARY  
7236 STATE ROAD 52 STE. 4  
HUDSON, FL 34667 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: MARY WALKA

08/05/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: OUANO, MAY A  
Address: 8731 MARTINIQUE LANE  
City-St-Zip: PORT RICHEY, FL 34668

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D ( ) Change (X) Addition  
Name: CROSS, DAVID  
Address: 7236 STATE ROAD 52 STE. 4  
City-St-Zip: HUDSON, FL 34667 US

Title: P ( ) Change (X) Addition  
Name: WALKA, MARY  
Address: 7236 STATE ROAD 52 STE. 4  
City-St-Zip: HUDSON, FL 34667 US

Title: S ( ) Change (X) Addition  
Name: BERG, SHAWN  
Address: 7236 STATE ROAD 52 STE. 4  
City-St-Zip: HUDSON, FL 34667 US

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: MARY WALKA

P

08/05/2009

Electronic Signature of Signing Officer or Director

Date