

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 JUN -4 PM 2:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000121663

1. Entity Name
STOREFORYOU GROUP INC.



Principal Place of Business Mailing Address
HAUPTSTRASSE 7 HAUPTSTRASSE 7
D-97294 UNTERPLEICHFELD, D D-972-94 D D-97294 UNTERPLEICHFELD, D D-972-94 D



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Rosenweg 2 Rosenweg 2
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Zip Country City & State Zip Country
Bergtheim 97241 Germany Bergtheim 97241 Germany

05232007 Chg-P CR2E034 (12/06)

4. FEI Number 14-1855588 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Name Florida Filing & Search Services, Inc.
Street Address (P.O. Box Number is Not Acceptable) 155 Office Plaza Drive
Suite A
City Tallahassee FL Zip Code 32301

8. 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 *[Signature]* DATE 6/4/07
(NOTE: Registered Agent signature required when rechartering)

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	MR	☐ Delete		TITLE	Mr.	☒ Change	☐ Addition
NAME	KRIMM, JUERGEN			NAME	Krimm, JUERGEN		
STREET ADDRESS	HAUPTSTRASSE 7			STREET ADDRESS	Rosenweg 2		
CITY-ST-ZIP	D-97294 UNTERPLEICHFELD, D D-97294			CITY-ST-ZIP	97241 Bergtheim		
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME	800104427728		
STREET ADDRESS				STREET ADDRESS	06/15/07--01036--008		
CITY-ST-ZIP				CITY-ST-ZIP	**150.00		
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *JUERGEN KRIMM* *[Signature]* 29 May 2007 ++ 499314658880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #