2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment v

SIGNATURE:

Mar 12, 2007 8:00 am Secretary of State 03-12-2007 90359 050 ***150.00 DOCUMENT # P03000025337 CELÉBRITY ENTERPRISES INTERNATIONAL, INC. 40033701 Principal Place of Business Mailing Address 4448 SUNSET CAY CIR 4448 SUNSET CAY CIR BOYNTON BEACH, FL 33436 BOYNTON BEACH, FL 33436 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302007 CR2E034 (12/06) Cha-P Applied For City & State City & State 4. FEI Number 56-2319428 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WIGHT, JANICE Street Address (P.O. Box Number is Not Acceptable) 4448 SUNSET CAY CIR **BOYNTON BEACH, FL 33436** City Zip Code FL 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, typodali printed name of registored agent and Lite if applicable DATE (NOTE: Registured Agent's gnature required when reinstating) -9.- Election Campaign Financing \$5:00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD ☐ Addition TITLE ☐ Delete THILE ☐ Change WIGHT, JANICE NAME NAME 4448 SUNSET CAY CIRCLE STREET ADDRESS STREET ADDRESS BOYNTON BEACH, FL 33436 CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition THEE TITLE BAIRD, AJIM 4448 SUNSET CAY CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33436 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP Defete mer Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THLE 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 supply indicated on this report or supplementation of the corporation or the receiver or trustee. this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 yeared to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

FILED