

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079038

FILED  
Aug 07, 2008  
Secretary of State

Entity Name: THE HOBBY SUPERSTORE.COM INC.

## Current Principal Place of Business:

2455 E. SUNRISE BOULEVARD  
PENTHOUSE NORTH  
FT. LAUDERDALE, FL 33304

## New Principal Place of Business:

## Current Mailing Address:

2455 E. SUNRISE BOULEVARD  
PENTHOUSE NORTH  
FT. LAUDERDALE, FL 33304

## New Mailing Address:

FEI Number: 20-2545436

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VENIS, HARRY  
2455 E. SUNRISE BOULEVARD  
PENTHOUSE NORTH  
FT. LAUDERDALE, FL 33304 US

## Name and Address of New Registered Agent:

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

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WARRICK, PETER  
Address: 4360 PETERS RD  
City-St-Zip: FORT LAUDERDALE, FL 33317

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: HARRY VENIS

RA

08/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date