

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000096509

Entity Name: WARM ME UPS.COM INC.

FILED
Jul 22, 2008
Secretary of State

Current Principal Place of Business:

758 WESTLINE AVENUE
DELTONA, FL 32725

New Principal Place of Business:

456 ROSALIA DRIVE
SANFORD, FL 32771

Current Mailing Address:

758 WESTLINE AVENUE
DELTONA, FL 32725

New Mailing Address:

456 ROSALIA DRIVE
SANFORD, FL 32771

FEI Number: 26-0070633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIOLKOWSKI, CATHY A
758 WESTLINE AVENUE
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

HOFMANN, CHRIS
456 ROSALIA DRIVE
SANFORD, FL 32771 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: CHRIS HOFMANN

07/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZIOLKOWSKI, CATHY A
Address: 758 WESTLINE AVENUE
City-St-Zip: DELTONA, FL 32725

Title: VP () Delete
Name: ZIOLKOWSKI, CATHY A
Address: 758 WESTLINE AVE
City-St-Zip: DELTONA, FL 32725

Title: S () Delete
Name: ZIOLKOWSKI, CATHY A
Address: 758 WESTLINE AVE
City-St-Zip: DELTONA, FL 32725

Title: T () Delete
Name: ZIOLKOWSKI, CATHY A
Address: 758 WESTLINE AVE
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOFMANN, CHRIS
Address: 456 ROSALIA DRIVE
City-St-Zip: SANFORD, FL 32771

Title: VP (X) Change () Addition
Name: HOFMANN, CHRIS
Address: 456 ROSALIA DRIVE
City-St-Zip: SANFORD, FL 32771

Title: S (X) Change () Addition
Name: HOFMANN, CHRIS
Address: 456 ROSALIA DRIVE
City-St-Zip: SANFORD, FL 32771

Title: T (X) Change () Addition
Name: HOFMANN, CHRIS
Address: 456 ROSALIA DRIVE
City-St-Zip: SANFORD, FL 32771

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: CHRIS HOFMANN

P

07/22/2008

Electronic Signature of Signing Officer or Director

Date