2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2008 08:00 AN **DOCUMENT # P03000122497 Secretary of State** 1. Entity Name GINNYCO, INC. Mailing Address Principal Place of Business 8330 ROYALWOOD DR 8330 ROYALWOOD DR **IACKSONVILLE, FL. 32256** JACKSONVILLE, FL 32256 No Chg-P CR2E034 (11/05) 04172008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3133492 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HART, SARA V DO NOT WRITE 8330 ROYALWOOD DR JACKSONVILLE, FL 32256 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE 18 \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME HART, SARA V U00000924270 STREET ADDRESS 8330 ROYALWOOD DR 05/16/08-80066-024 150.00 JACKSONVILLE, FL 32256 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 attachmagn with an address, with all other like empowered.

SIGNATURE: <

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

4-25-08

904-463-197

FILED

Date

Daytime Phone #