2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 20, 2008 08:00 AN Secretary of State DOCUMENT # P03000135514 1. Entity Name YANÚSZEWSKI CORPORATION Principal Place of Business Mailing Address 5866 LAMOYA AVE 5866 LAMOYA AVE JACKSONVILLE, FL 32210 US JACKSONVILLE, FL 32210 05062008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-2133731 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YANUSZEWSKI, JOSEPH DO NOT WRITE 5866 LAMOYA AVE JACKSONVILLE, FL 32210 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 12, 2008 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS **PVST** TITLE NAME YANUSZEWSKI, JOSEPH 5866 LAMOYA AVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32210 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE

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 attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE TANK
NAME
STREET ADDRESS

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3//7/08 907-553-095

FILED