2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000078508

Entity Name: HIGHER BOOSTERS INC.

FILED Sep 03, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
1201 SW 4 MIAMI, FL	42ND AVE. #2 33134	07		
Current Mailing Address:			New Mailing Address:	
1201 SW 4 MIAMI, FL	42ND AVE. #2 33134	07		
FEI Number	: 02-0724601	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
CHIN, GRI 1201 SW 4 MIAMI, FL	42ND AVE. #2	07		
The above in the State	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
SIGNATUI	RE:			
Electronic Signature of Registered Age			ent	Date
		93(2)(b), F.S., the corporation did no	ot receive the prior notice.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (CHIN, RICHAR 1201 SW 42NI MIAMI, FL 33	D AVE. #207	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (CHIN, MICHAE 1201 SW 42NI MIAMI, FL 33	D AVE. #207	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (CHIN, GREGO 1201 SW 42NI MIAMI, FL 33	O AVE. #207	Title: Name: Address: City-St-Zip:	() Change () Addition

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: GREGORY CHIN D 09/03/2008