## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 16, 2008 8:00 am Secretary of State

DOCUMENT # P04000084147  1. Entity Name ALPACA AMBASSADORS INC.								07-16-2008	90010 0	007 ***550	0.00
Principal Plac	e of Business		Mailing Address		·						
14388 208 ST. O BRIEN, FL 32071			5560 NE 56TH ST HIGH SPRINGS, FL 32	2				n <b>áð</b> tár t <b>á</b> ln á		1PBi fi fBBi	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07142008	Chg-P	CR2E	034 (12/06)		
City & State			City & State			4. FEI Numbe 20-1172			<b>⊢</b>	plied For t Applicable	
Zip —	Country		Zip Coun		itry	<u> </u>		of Status Desired		\$8.75 Add Fee Required	
	6. Name and	Address of Current i	Registered Agent		110000		7. Name and	Address of New R	egistered	Agent	
SIMPSON	JOYCE A				Simason Touce A.						
SIMPSON, JOYCE A 20241 COUTHWEST 103 AVENUE MIAMI, FL 33189					Street Address (P.O. Box Number is Not Acceptable)  5.5.6.0 N.E. 5.6.3.1.						
1415-4411, F.C. 33 103					Highsprings FL 30					643 Zip Code	
The above named entity submits this statement for the purpose of changing its register.							<u> </u>	<i>)</i> /	FL	• <u> </u>	
8. The above the obligat	named entity subritions of registered a	mits this statement for eaent.	the purpose of changing i	s register	ed office or re	egistere	ed agent, or bot	h, in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE Defee Samoso									7/	114/0	8
	Sygnetury, typed or prints	e tregs benetzigen to amen be	and their applicable. (NC	ITE: Registere	d Agent eignature	e tediniseq	when rainstating)		DATE	,	
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	ue by Septem		Trust Fund Co				ed to Fees	CHANGES TO OFF	ICERS ANI	O DIRECTORS	S IN 11
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12. I nereby 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 eath; 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:

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7/14/08 386-454-7/39 Decis Devine Phone #