

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000085067

Entity Name: SAY IT LOUDI, INC.

FILED
Jul 09, 2006
Secretary of State

Current Principal Place of Business:

2912 TIMBERLAKE DR
ORLANDO, FL 32806

New Principal Place of Business:

2912 TIMBERLAKE DR
ORLANDO, FL 32803

Current Mailing Address:

PO BOX 560777
ORLANDO, FL 328560777

New Mailing Address:

FEI Number: 20-1242762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIMA, JULIO
2912 TIMBERLAKE DR
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LIMA, JULIO
Address: 2912 TIMBERLAKE DR
City-St-Zip: ORLANDO, FL 32806

Title: VS () Delete
Name: LIMA, MIRTA
Address: 2912 TIMBERLAKE DR
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JULIO LIMA

PD

07/09/2006

Electronic Signature of Signing Officer or Director

Date