


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90029 037 \*\*\*150.00

<b>DOCUMENT # P04000103826</b> 1. Entity Name <b>ORGANIZED ENVIRONMENTS, INC.</b>					
Principal Place of Business <b>7632 SOUTHSIDE BLVD., #231 JACKSONVILLE, FL 32256</b>			Mailing Address <b>7632 SOUTHSIDE BLVD., #231 JACKSONVILLE, FL 32256</b>		
2. Principal Place of Business - No P.O. Box # <b>4638 ROYAL AVENUE</b>		3. Mailing Address <b>4638 ROYAL AVENUE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>JACKSONVILLE FL</b>		City & State <b>JACKSONVILLE FL</b>		4. FEI Number <b>13-4284269</b>	
Zip <b>32205</b>		Country <b>FLORIDA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VLAH, KIMBERLY R 7632 SOUTHSIDE BLVD., #231 JACKSONVILLE, FL 32256</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4638 ROYAL AVENUE</b> City <b>JACKSONVILLE FL 32205 FL</b> Zip Code <b>32205</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D VLAH, KIMBERLY R 7632 SOUTHSIDE BLVD., #231 JACKSONVILLE, FL 32256</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>4638 ROYAL AVENUE JACKSONVILLE FL 32205</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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.					
<b>SIGNATURE:</b> <i>Kimberly Vlah</i>			President <i>4/16/08 9048034326</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		