

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122754

FILED
Jan 04, 2007
Secretary of State

Entity Name: CUSTOMUP, INC.

Current Principal Place of Business:

4185 WEST NEW HAVEN AVE.
WEST MELBOURNE, FL 32904

New Principal Place of Business:

4185 WEST NEW HAVEN AVENUE
#11
WEST MELBOURNE, FL 32904

Current Mailing Address:

4185 WEST NEW HAVEN AVE.
WEST MELBOURNE, FL 32904

New Mailing Address:

4185 WEST NEW HAVEN AVENUE
#11
WEST MELBOURNE, FL 32904

FEI Number: 20-1465775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROSSWHITE, THOMAS
4185 WEST NEW HAVEN AVE.
WEST MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

CROSSWHITE, THOMAS
4185 WEST NEW HAVEN AVENUE #11
WEST MELBOURNE, FL 32904 US

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:

01/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: CROSSWHITE, THOMAS
Address: 4185 WEST NEW HAVEN AVE.
City-St-Zip: WEST MELBOURNE, FL 32904

Title: D () Delete
Name: CROSSWHITE, THOMAS
Address: 2816 GUS GRISSOM DR.
City-St-Zip: HUNTSVILLE, AL 35810

Title: D () Delete
Name: CROSSWHITE, RAYMOND
Address: 2816 GUS GRISSOM DR.
City-St-Zip: HUNTSVILLE, AL 35810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: CROSSWHITE, THOMAS
Address: 4185 WEST NEW HAVEN AVENUE #11
City-St-Zip: WEST MELBOURNE, FL 32904

Title: D (X) Change () Addition
Name: CROSSWHITE, THOMAS
Address: 1356 GEM CIRCLE
City-St-Zip: ROCKLEDGE, AL 35955

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: THOMAS CROSSWHITE

PVST

01/04/2007

Electronic Signature of Signing Officer or Director

Date