

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000126350

Entity Name: AKIN MERCHANDISING CO.

FILED  
May 15, 2008  
Secretary of State

## Current Principal Place of Business:

4221 W. SRPUCE ST  
STE 2415  
TAMPA, FL 33607 US

## New Principal Place of Business:

## New Mailing Address:

## Current Mailing Address:

4221 W. SPRUCE ST  
STE 2415  
TAMPA, FL 33607 US

12118 FERN HAVEN AVE  
GIBSONTON, FL 33534 US

FEI Number: 20-1989750

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 US

## Name and Address of New Registered Agent:

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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: HEATHER PATRICK

05/15/2008

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: P ( ) Delete  
Name: AKINTEWE, AKINTUNDE  
Address: 4221 W. SPRUCE ST STE 2415  
City-St-Zip: TAMPA, FL 33607 US

Title: S ( ) Delete  
Name: AKINTEWE, AKINTUNDE  
Address: 4221 W. SPRUCE ST STE 2415  
City-St-Zip: TAMPA, FL 33607 US

Title: T ( ) Delete  
Name: AKINTEWE, AKINFEMIWA  
Address: 4221 W. SPRUCE ST STE 2415  
City-St-Zip: TAMPA, FL 33607

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: AKINTUNDE AKINTEWE

P

05/15/2008

Electronic Signature of Signing Officer or Director

Date