

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>DOCUMENT # P04000141829</b><br>1. Entity Name<br><b>AWARDS PRO, INC.</b>   |   |   |   |   |  |
| Principal Place of Business<br><b>8154 N. UNIVERSITY DR<br/>TAMARAC, FL 33321</b>   |   |   | Mailing Address<br><b>8154 N. UNIVERSITY DR<br/>TAMARAC, FL 33321</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #  |   | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |  |  |
| City & State  |   | City & State  |   |  |  |
| Zip   | Country   | Zip   | Country   | 4. FEI Number<br><b>20-1742934</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |   |   | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>A. BERNARD FINANCIAL SERVICES INC<br/>LIBERTY TAX SERVICE<br/>7760A NW 44TH ST.<br/>SUNRISE, FL 33351</b>   |   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent, as applicable (NOTE: Registered Agent signature required when marks box)</small>  |   |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>          |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP   | <b>D</b><br><b>LYEW, DAVE</b><br><b>3028 SUNSET LANE</b><br><b>MARGATE, FL 33063</b>        | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP   | <b>D</b><br><b>LYEW, MOYA</b><br><b>3028 SUNSET LANE</b><br><b>MARGATE, FL 33063</b>        | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP   | <b>D</b><br><b>LYEW, DERRICK</b><br><b>25045 SW 123 COURT</b><br><b>HOMESTEAD, FL 33032</b> | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP   | <input type="checkbox"/> Delete   |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP   | <input type="checkbox"/> Delete   |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP   | <input type="checkbox"/> Delete   |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP   | <input type="checkbox"/> Delete   |   |   |  |  |
| 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: <i>ML</i> MOYA LYEW APRIL-28-2008 954-720-0989</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |   |   |  |  |