

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000155443

1. Entity Name  
AWESOME ISLAND TANZ, INC.



Principal Place of Business  
1122 WEST GRANADA BLVD.  
ORMOND BEACH, FL 32174 US

Mailing Address  
1122 WEST GRANADA BLVD.  
ORMOND BEACH, FL 32174 US

FILED  
08 JUN -5 PM 12: 01  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



|  |         |                     |         |   |  |
|--|---------|---------------------|---------|---|--|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         | 4. FEI Number<br>20-1893626                               | Applied For<br><input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |
| City & State                                   |         | City & State        |         |   |  |
| Zip  | Country | Zip                 | Country |   |  |

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br><br>BROWN, BRENDA A<br>19 MISNERS TRAIL<br>ORMOND BEACH, FL 32174 |  | 7. Name and Address of New Registered Agent<br>Name <u>Yesioneck, Carol L.</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>13 S. Magnolia Drive</u><br>City <u>Ormond Beach</u> FL Zip Code <u>32174</u> |  |
|--|--|--|--|

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 X Carol L. Yesioneck DATE 6/2/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

|                       |   |
|-----------------------|---|
| Amended AR is \$61.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-----------------------|---|

| 10. OFFICERS AND DIRECTORS                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>BROWN, BRENDA A<br>19 MISNERS TRAIL<br>ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | PSTD<br>yesioneck, Carol L.<br>13 S. Magnolia Drive<br>Ormond Beach, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | 400131001084<br>06/06/08--01037--008 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <u>M/L/S</u> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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.

SIGNATURE: X Brenda A. Brown Date 6-2-08 Daytime Phone # (386) 672-3456  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR