FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED ATX1
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # P04000156839 1. Entity Name						Secr	etary of Sta
PILLOWREST.COM I	NC	augungssaan niki chkares visi min iksiskasiasi ninsisia kavionisi	eter Lederen Galen Graffing isso	od Kalabadikwe a naendani bira 1997 samal			
DO NOT WRITE IN THIS SPACE					U00000656026 03/14/07-80010-003 150.00		
2. Principal Place of 146 S END STREET	3. Mailing Address			 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State ST AUGUSTINE, FL		City & State			4. FEI Number 56-2501994		Applied For Not Applicable
Zip	Country	Zip	Country			of Status Desired	\$8.75 Additional
				7 Nam	<u> </u>		Fee Required
			Name	ne and Address of Current Registered Agent			
Databat Carleine at 2 Stational Scanning Inc. Seattle	RITE	GOLDSTEIN, SHIRLEY Street Address (P.O. Box Number is Not Acceptable) 146 S END ST			Acceptable)		
	VTHIS SP			0.14.			Tio Codo
				City ST. AUGUST		F	32095
8. The above named State of Florida. I	l entity submits this s am familiar with, and	statement for the purp d accept the obligatio	ose of c ns of re	changing its r gistered agen	egistered offic it.	e or registered a	gent, or both, in the
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
January 1: May 1 Fee Is \$150.00 After May 1 Fee Is \$550.00 Amended UBR Is \$61.25 Make Check Rayable to Florida Department of State					9. Election C	ampaign Financing d Contribution.	\$5.00 May Be Added to Fees
10. TITLE	OFFICERS AN	ND DIRECTORS	11.	. C ini Kasanding Sta	609267 SANGESARA		SACUTATION DE CHAMERY DECEMBERS
NAME STREET ADDRESS	GOLDSTEIN, SHIR 146 S END ST	LEY	NAN				
CITY-ST-ZIP	ST. AUGUSTINE, F	L 32095	A CIT	Y-ST-ZIP			
TITLE NAME STREET ADDRESS			NAM		S		
CITY-ST-ZIP		<u>-</u> .	HCIT	Y-ST-ZIP			
NAME			NAN				
STREET ADDRESS CITY-ST-ZIP			Mein	REET ADDRES		DO NOT	
TITLE NAME			12 a 27 a 1 d 10 a	VE TO THE		NTHIS	SPACE
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NAME STREET ADDRESS			STF	ME REET ADDRES			
CITY-ST-ZIP TITLE		<u></u>		Y-ST-ZIP			
NAME			NA	VE			
STREET ADDRESS CITY-ST-ZIP			CIT	REET ADDRES Y-ST-ZIP#			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.							
	Mus	The thing				/2/-	•
SIGNATURE: SIGN	ATURE AND TYPED O	R PRINTED NAME OF S	DLDSTE SIGNING	IN OFFICER OR	DIRECTOR 7	13/07 Date	904 818-9073 Daytime Phone #