

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000157030

Entity Name: ETHERICAL ENTERPRISE, INC.

FILED  
Feb 06, 2009  
Secretary of State

## Current Principal Place of Business:

6419 NORTH 23RD STREET  
TAMPA, FL 33610

## New Principal Place of Business:

18846 PARAPET PLACE  
LAND O' LAKES, FL 34638

## Current Mailing Address:

6419 NORTH 23RD STREET  
TAMPA, FL 33610

## New Mailing Address:

18846 PARAPET PLACE  
LAND O' LAKES, FL 34638

FEI Number: 20-1879688

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHAMBERS, KATHY A  
6419 NORTH 23RD STREET  
TAMPA, FL 33610 US

## Name and Address of New Registered Agent:

CHAMBERS, KATHY A  
18846 PARAPET PLACE  
LAND O' LAKES, FL 34638 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:

02/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P. ( ) Delete  
Name: CHAMBERS, KATHY A  
Address: 6419 NORTH 23RD STREET  
City-St-Zip: TAMPA, FL 33610

Title: SEC ( ) Delete  
Name: CHAMBERS, KATHY A  
Address: 6419 NORTH 23RD STREET  
City-St-Zip: TAMPA, FL 33610

Title: TREA ( ) Delete  
Name: CHAMBERS, KATHY A  
Address: 6419 NORTH 23RD STREET  
City-St-Zip: TAMPA, FL 33610

Title: VP (X) Delete  
Name: HILLMAN, SHENNA  
Address: 160 WOLF SNARE LANE  
City-St-Zip: MORRISVILLE, NC 27560

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: CHAMBERS, KATHY A  
Address: 18846 PARAPET PLACE  
City-St-Zip: LAND O' LAKES, FL 34638

Title: SEC (X) Change ( ) Addition  
Name: CHAMBERS, KATHY A  
Address: 18846 PARAPET PLACE  
City-St-Zip: LAND O' LAKES, FL 34638

Title: TREA (X) Change ( ) Addition  
Name: CHAMBERS, KATHY A  
Address: 18846 PARAPET PLACE  
City-St-Zip: LAND O' LAKES, FL 34638

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: KATHY A CHAMBERS

PRES

02/06/2009

Electronic Signature of Signing Officer or Director

Date