

FILED May 02, 2008 08:00 AN Secretary of State

1. Entity Nam TONY GE	ELBUTIS, INC.				Secretary of State
6. Name and Address of Current Registered Agent GELBUTIS, TONY			01-0829431 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required		
26 CORRIENTE ST. MERRITT ISLAND, FL 32952			DO NOT WRITE IN THIS SPACE		
B. 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: Signature typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be					
After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Trust Fund Contribution.	~ ~.	.00 May Be ed to Fees	
10. ITTLE NAME SIRLE1 ADDRESS CITY-S1-ZIP TITLE NAME SIRLE1 ADDRESS CITY-S1-ZIP	P GELBUTIS, TONY 26 CORRIENTE ST MERRITT ISLAND, FL 32952	CTORS			U00000944257 05/29/08-80091-014 150.00
TITLE RIAME STREET ADDRESS CITY-S1-ZIP HITTE NAME STREET ADDRESS				-	NOT WRITE THIS SPACE
CHY-S1-ZIP TITLE NAME STREET ADDRESS CHY-S1-ZIP TITLE NAME STREET ADDRESS CHY-S1-ZIP		1			
12. Thereby certify that the information supplied with this filing does not challed to the examptions 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 it 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 artifess, with all other like empowered.					
SIGNATURE: SIGNATURE AND TYPEO OF MARKTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylore Phone #					