


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90012 047 ***150.00

DOCUMENT # P05000017071 1. Entity Name WHEN THINGS GO BAD, INC.																							
Principal Place of Business 3525 GREENGLEN CIR PALM HARBOR, FL 34684			Mailing Address 3525 GREENGLEN CIRCLE PALM HARBOR, FL 34684																				
2. Principal Place of Business - No P.O. Box # 743 HOUSE WREN CIRCLE		3. Mailing Address 743 HOUSE WREN CIRCLE																					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																					
City & State PALM HARBOR, FL		City & State PALM HARBOR, FL		4. FEI Number 20-2312671																			
Zip 34683		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent CAPO, PAUL 3525 GREENGLEN CIRCLE PALM HARBOR, FL 34684				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 743 HOUSE WREN CIRCLE City PALM HARBOR FL Zip Code 34683																			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																				
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CAPO, PAUL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>3525 GREENGLEN CIR PALM HARBOR, FL 34684</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	CAPO, PAUL		CITY-ST-ZIP	3525 GREENGLEN CIR PALM HARBOR, FL 34684		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>743 HOUSE WREN CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM HARBOR, FL 34683</td> <td></td> </tr> </table>			TITLE	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS	743 HOUSE WREN CIRCLE		CITY-ST-ZIP	PALM HARBOR, FL 34683	
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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: <i>Paul Capo</i>			PAUL CAPO																				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3-10-08 Daytime Phone #																				