2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State
04-18-2008 90052 038 ***150.00
05-21-2008 90025 030 *****8.75

DOCUMENT # P05000035535

1. Entity Name
COURTNEY CUMMZ INC.

600042841

Principal Place of Business	Mailing Address
22425 VENTURA BLVD. #353 WOODLAND HILLS, CA 91364-1524 US	22425 VENTURA BLVD. #353 WOODLAND HILLS, CA 91364-1524 US

DO NOT WRITE IN THIS SPACE

03132008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2451374
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WHITING, SHANNON
4415 HAR PAUL CIR
TAMPA, FL 33614

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees.

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	CARPENTER, CHRISTINA
STREET ADDRESS	22425 VENTURA BLVD. #353
CITY-ST-ZIP	WOODLAND HILLS, CA 913641524
TITLE	D
NAME	CARPENTER, CHRISTINA
STREET ADDRESS	22425 VENTURA BLVD. #353
CITY-ST-ZIP	WOODLAND HILLS, CA 913641524
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #