## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000036500

Title:

Name:

Address:

City-St-Zip:

TD

VOWELL, DANIEL

329 EDGEWOOD COURT

KISSIMMEE, FL 34759

(X) Delete

Entity Name: RELATIONAL SYMPLEX INC

FILED Jan 27, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4318 HIDDEN MEADOW DRIVE KISSIMMEE, FL 34746 **Current Mailing Address: New Mailing Address:** 4318 HIDDEN MEADOW DRIVE KISSIMMEE, FL 34746 FEI Number: 20-2474523 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VOWELL, JEFF D JR 4318 HIDDEN MEADOW DRIVE KISSIMMEE, FL 34746 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition VOWELL, JEFF D JR VOWELL, JEFF D JR Name: Name: 4318 HIDDEN MEADOW DRIVE 4318 HIDDEN MEADOW DRIVE Address: Address: City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip: KISSIMMEE, FL 34746 ( ) Delete Title: Title: SD (X) Change ( ) Addition Name: VOWELL, CAROL ANN Name: VOWELL, CAROL ANN 4318 HIDDEN MEADOW DRIVE 4318 HIDDEN MEADOW DRIVE Address: Address: KISSIMMEE, FL 34746 KISSIMMEE, FL 34746 City-St-Zip: City-St-Zip: Title: Title: SD (X) Delete () Change () Addition VOWELL, CHRISTOPHER Name: Name: 4318 HIDDEN MEADOW DRIVE Address: Address: City-St-Zip: KISSIMMEE, FL 34746 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JEFF D. VOWELL, JR. PD 01/27/2008

() Change () Addition