

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000109991

FILED
Jul 03, 2008
Secretary of State**Entity Name:** AKKAN, INC.**Current Principal Place of Business:**550 MARY ESTHER CUT-OFF
STE. #L4
MARY ESTHER, FL 32548 US**Current Mailing Address:**550 MARY ESTHER CUT-OFF
STE. #L4
MARY ESTHER, FL 32548 US**New Principal Place of Business:**550 MARY ESTHER CUT-OFF
STE. #L4
FORT WALTON BEACH, FL 32548 US**New Mailing Address:**550 MARY ESTHER CUT-OFF
STE. #L4
FORT WALTON BEACH, FL 32548 US**FEI Number:** 20-3272807**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**AKKAN, SADI
9577 NAPLES LN
NAVARRE, FL 32566 US**Name and Address of New Registered Agent:**

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**OFFICERS AND DIRECTORS:****Title:** PSD () Delete
Name: AKKAN, SADI
Address: 9577 NAPLES LN
City-St-Zip: NAVARRE, FL 32566 US**Title:** VPTD () Delete
Name: UNVER, KAYHAN
Address: 32 CAPE DRIVE #B
City-St-Zip: FT. WALTON BEACH, FL 32548 US**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VPTD (X) Change () Addition
Name: AKKAN, SAMI
Address: 603 COLONIAL DRIVE
City-St-Zip: FT. WALTON BEACH, FL 32547 US**Title:** S () Change (X) Addition
Name: UNVER, KAYHAN
Address: 32 CAPE DRIVE #B
City-St-Zip: FT WALTON BEACH, FL 32548

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: SADI AKKAN

PSD

07/03/2008

Electronic Signature of Signing Officer or Director_____
Date