

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000123246

Entity Name: FULL STUFF INC.

FILED  
Jan 07, 2010  
Secretary of State

## Current Principal Place of Business:

111 E. MONUMENT AVE. SUITE 308  
KISSIMMEE, FL 34741

## New Principal Place of Business:

111 E. MONUMENT AVE. SUITE 315  
KISSIMMEE, FL 34741

## Current Mailing Address:

111 E. MONUMENT AVE. SUITE 308  
KISSIMMEE, FL 34741

## New Mailing Address:

111 E. MONUMENT AVE. SUITE 315  
KISSIMMEE, FL 34741

FEI Number: 20-4275349

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ARIAS, ANGEL A  
2832 PAIGE DR  
KISSIMMEE, FL 34741 US

## Name and Address of New Registered Agent:

ARIAS, ANGEL A  
3503 MAPLE RIDGE LOOP  
KISSIMMEE, FL 34741 US

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:

01/07/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D  
Name: ARIAS, ANGEL  
Address: 3503 MAPLE RIDGE LOOP  
City-St-Zip: KISSIMMEE, FL 34741

Title: VP/D  
Name: CASTILLO, SOLEDAD  
Address: 3503 MAPLE RIDGE LOOP  
City-St-Zip: KISSIMMEE, FL 34741

Title: T  
Name: ARIAS, ANGEL  
Address: 3503 MAPLE RIDGE LOOP  
City-St-Zip: KISSIMMEE, FL 34741

Title: S  
Name: CASTILLO, SOLEDAD  
Address: 3503 MAPLE RIDGE LOOP  
City-St-Zip: KISSIMMEE, FL 34741

I hereby 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 all other like empowered.

SIGNATURE: ANGEL A ARIAS

P/D

01/07/2010

Electronic Signature of Signing Officer or Director

Date