2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 26, 2007 8:00 am Secretary of State 03-12-2007 90366 005 ***150.00

| DOCUMENT # P06000016344 1. Entity Name GIRL FRIDAY VIRTUAL OFFICE SOLUTIONS INC | | | | | | | 07 90366 005 **: | | |
|---|--|---|-------------------------|---|--|---|---|--|--|
| Principal Place of Business Mailing Address | | | | <u>, (</u> | 1 | 0000- | | | |
| 331 SAWGRASS PLACE CASSELBERRY, FL 32707 US CASSELBERRY, FL 32707 | | | | US | | | eni o elol ileio elieo (eli olei) o | 181981 11 (5.51) | |
| 2. Principal P | 3. Mailing Address | Mailing Address | | | | | | | |
| Suite, Apl, | | Suite, Apt. #, etc. | | | 01222007 | Chg-P | CR2E034 (12/06) |) | |
| City & State | | City & State | | | 4. FEI Numb | 0-426 | 2579 | pplied For lot Applicable | |
| Zip | Country | Zip Coun | | ntry | 7 | of Status Desired | \$8.75 Ad | Iditional | |
| = = : = | G. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent Name | | | | |
| TRZCINSKI, TAMMY | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 331 SAWG | | | Street Address (| (P.O. Box Nump | er is Not Acceptable | le) | | | |
| ļ | | | | City | | | FL Zip Coo | de | |
| 8. The above named entity submits this statement for the purpose of changing its registered of | | | | | red agent, or bo | otn, in the State of Fi | · - ! | and accept | |
| the obligations of registrated agent. SIGNATURE SIGNATURE | | | | | | | | | |
| | Signature, typed or primate pages of registered agent | t and the f applicable. (NO |)TE: Registere | kt Agent signævis required | d when renstaing) | | DATE | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 First Fund Contribution. File Now!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees | | | | | | | | | |
| 10. | OFFICERS AND | | 11. | | ADDITIONS | CHANGES TO OFF | FICERS AND DIRECTOR | S IN 11 | |
| TITLE : | P TRZCINSKI, TAMMY | Calcie | TITLI NAM | - 1 | | | Change | Addition | |
| STREET ADDRESS 331 SAWGRASS PLACE ST | | | STRE | EET ADDRESS | | | | | |
| CITY-ST-ZIP | CASSELBERRY, FL 32707 | ☐ Delete | TITLE | -ST-ZIP | | · ······ | ☐ Change | Addition | |
| NAME | | hand District | RAM | Æ | | | La Compa | L.J Pennika | |
| STREET ADDRESS CITY-ST-ZIP | | | | EFT ADORESS '-ST-ZIP | | | | | |
| DILE | | ☐ Deleie | TITLE | | | | Change | Addition | |
| NAME STREET ADDRESS | | | NAM Stre | E ET ADORESS | | | | | |
| CITY-ST-ZP | | | СПУ | -SI-ZIP | | | | | |
| TITLE NAME | 1 | ☐ Delete | TITLE | | | | ☐ Change | Addition | |
| STREET ADDRESS CITY+ST+ZIP | | | STRE | ET ADORESS -ST-ZIP | | | | | |
| TITLE NAME | | ☐ Delete | TITLE | 1 | | | Change | Addition | |
| STREET ADDRESS | | | | ET ADORESS | | | | | |
| TITLE | | ☐ Delete | CITY- | -S1-ZIP | | ···· | ☐ Change | ☐ Addition | |
| NAME | | LJ Seice | NAMI | Ē | | | LJ CIMBys | L. Acuton | |
| STREET ACCINESS CITY-ST-ZIP | | | CITY | ET ADORESS -ST-ZIP | | | <u></u> | | |
| of the corp | certify that the information supplied with on this report or supplemental report is poration or the receiver or trustale empty or on an altacoment with an address, | s true and accurate and that i owered to execute this report | my signat Las requir | emptions contained ture shall have the s red by Chapter 607 | in Chapter 119 same legal effec ', Florica Statute | i. Florida Statutes, I it as il made under d s; and that my nam | further certify that the in bath; that I am an officer e appears in Block 10 or | nformation or director Block 11 if | |
| SIGNATURE: SIGNATURE: Daying Prone 9 Daying Prone 9 | | | | | | | | | |