## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000027330

Entity Name: THE PLACE HOUSE INC.

BUTLER, DAMION

TAMPA, FL 33610

4201 E. OSBORNE STREET

Name:

Address: City-St-Zip: FILED May 01, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4201 E. OSBORNE TAMPA, FL 33610 **Current Mailing Address: New Mailing Address:** 4201 E. OSBORNE TAMPA, FL 33610 FEI Number: 75-3218032 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: BUTLER, DAMION 4201 E. ÓSBORNE STREET TAMPA, FL 33610 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition BUTLER, DAMION Name: Name: 4201 E. OSBORNE STREET Address: Address: City-St-Zip: TAMPA, FL 33610 City-St-Zip: ( ) Delete Title: VΡ Title: () Change () Addition Name: BUTLER, DAMION Name: 4201 E. OSBORNE STREET Address: Address: TAMPA, FL 33610 City-St-Zip: City-St-Zip: Title: Title: S/TR ( ) Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BUTLER MR 05/01/2008