

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000029477

FILED
Feb 15, 2008
Secretary of State

Entity Name: THE STRETCH CONNECTION, INC.

Current Principal Place of Business:

11320 FORTUNE CIRCLE
STE G-13
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

11320 FORTUNE CIRCLE
STE G-13
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 20-4341948 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHIRALDI, GINA
4385 ISLAND REEF DR
WELLINGTON, FL 33467 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GORDON, MARYLOU
Address: 3762 OLD LIGHTHOUSE CIR
City-St-Zip: WELLINGTON, FL 33414

Title: DV () Delete
Name: BOWLBY, TAMARA
Address: 137 MANGROVE CT
City-St-Zip: ROYAL PALM BCH, FL 33411

Title: DS () Delete
Name: SCHIRALDI, GINA
Address: 4385 ISLAND REEF DR
City-St-Zip: WELLINGTON, FL 33467

Title: DT () Delete
Name: ALKER, CHERYL
Address: 396 SEA LAVENDAR TERR
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: ALKER, CHERYL
Address: 10363 TRIANON PLACE
City-St-Zip: WELLINGTON, FL 33449

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: MARY LOU GORDON

DP

02/15/2008

Electronic Signature of Signing Officer or Director

Date