## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P06000037946

Entity Name: MY BRIGHT STAR INC.

FILED Jun 06, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15301 NW 1ST. STREET, 2701 7TH AVENUE SW, SUITE G LEHIGH ACRES, FL 33976

PEMBROKE PINES, FL 33028

Current Mailing Address: New Mailing Address:

15301 NW 1ST. STREET, 2701 7TH AVENUE SW, SUITE G LEHIGH ACRES, FL 33976 PEMBROKE PINES, FL 33028

FEI Number: 71-1000071 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PROFESSIONAL SUPPORTS, SERVICE AND TRAININ
PROFESSIONAL SST
49 BROADWAY CIRCLE
SUITE G
SUITE A
PEMBROACE PINES EL 22702 LIS

PEMBROKE PINES, FL 33028 US FT. MYERS, FL 33709 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: SHARON BROWN 06/06/2008

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition SWABY-BROWN, SHARON CEO WILBERT, DANVERS PRES Name: Name: 15301 NW 1ST. STREET 5100 S. CLEVELAND AVE. Address: Address: City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip: FT. MYERS, FL 33907 LE

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 DANVERS, WILBERT V. PRES
 Name:

 Address:
 5100 S. CLEVELAND AVE.
 Address:

 City-St-Zip:
 FORT MYERS, FL 33907
 City-St-Zip:

 Name:
 DANVERS, PHILLIPA
 Name:

 Address:
 15301 NW 1ST. STREET
 Address:

 City-St-Zip:
 PEMBROKE PINES, FL 33028
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 BROWN, THAYNE
 Name:

 Address:
 9301 NW 19TH. PLACE
 Address:

 City-St-Zip:
 SUNRISE, FL 33322
 City-St-Zip:

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: WILBERT DANVERS PRES 06/06/2008

Electronic Signature of Signing Officer or Director

Date