FOR PROFIT CORPORATION Amended '08 ANNUAL REPORT

DOCUMENT # 006000037946

1. Entity Name

MY BRIGHT STAR, INC.



For Office Use Only

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08 OCT 27 AHII: 19

ELIRETARY OF SERIE ELLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O Box # 3. Mailing Address 5/00 S. Cleucland Avc.			
Suite, Apt. #, etc. Suite, Apt. #, etc. 318 Pm6 # 218		CR2E034B (5/07)	
City & State LEHIGH ACRES FL 33976 Ft MYGKS FL		4. FEI Number 7//00007/	Applied For Not Applicable
Zip Country Zip	country LEG	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent	
Name Will		HOUT PRANIERS	
DO NOT WRITE		(P.O. Box Number is Not Acceptable)	210
IN THIS COACE		CIEUBICA AVE.	3/8
IN THIS SPACE			
		7.46.73	FL Zip Code
8. 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. I am familiar with, and accept			
the obligations of registered agent			
SIGNATURE Willes Donwer, CEO			
Signature, typed or printed rise of registered agent and title it applicable	d when reinstating) Da	ATE	
January 1 - May 1 Fee is \$150.00	Election Campaign Financing		, .
After May 1, Fee is \$550.00 9. Election Campaign Financing Amended AR is \$61.25 Trust Fund Contribution		\$5.00 Nay 1 1 3 7 3 5 9 Added 10; 628/080101600	
Make Check Payable to Florida Department of State	Trust Fund Contribution	vgqeq (q0\e89\ 100—101019—100	6 ** 61.25
10. OFFICERS AND DIRECTORS			
ITLE WILBERT Denvers C.EO			
NAME			
STREET ADDRESS 5100 S. CIEVETONI QUE, #318			
CITY-ST-ZIP FY MUCIE, FL 33907			
TITLE			
NAME		į	
STREET ADDRESS			į
CITY-ST-ZIP			
TITLE			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

NAME

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

SANTATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/2

DO NOT WRITE

IN THIS SPACE

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