



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90003 047 ***158.75

DOCUMENT # P06000064218 1. Entity Name LICENSE YOUR PRODUCT, INC.																													
Principal Place of Business 13784 EXOTICA LANE WELLINGTON, FL 33414			Mailing Address 13784 EXOTICA LANE WELLINGTON, FL 33414																										
2. Principal Place of Business - No P.O. Box # 13784 Exotica Lane		3. Mailing Address 11054 County Road 71																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02222007 Chg-P CR2E034 (12/06)																									
City & State Wellington, FL		City & State Lexington, AL		4. FEI Number 51-0579344																									
Zip 33414		Country USA		Applied For Not Applicable																									
Zip 35648		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent GILES, MICHAEL B 13784 EXOTICA LANE WELLINGTON, FL 33414			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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: <u>mg</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">PD</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GUERRA, FRANCISCO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13784 EXOTICA LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WELLINGTON, FL 33414</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">PD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>GUERRA, FRANCISCO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11054 County Road 153</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Lexington, AL 35648</td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	GUERRA, FRANCISCO		STREET ADDRESS	13784 EXOTICA LANE		CITY-ST-ZIP	WELLINGTON, FL 33414		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	GUERRA, FRANCISCO		STREET ADDRESS	11054 County Road 153		CITY-ST-ZIP	Lexington, AL 35648	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE: <u>Francisco Guerra</u> <u>256-229-5351</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													