## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000083579

Entity Name: FUCHSIA FUCHSIA, INC.

FILED Jul 24, 2007 Secretary of State

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

5401 W. OAKRIDGE RD. 9654 WORTHINGTON RIDGE RD ORLANDO, FL 32819 US ORLANDO, FL 32829 US

Current Mailing Address: New Mailing Address:

5401 W. OAKRIDGE RD. 77A 9654 WORTHINGTON RIDGE RD ORLANDO, FL 32819 US ORLANDO, FL 32829 US

FEI Number: 20-5083535 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:

VELASQUEZ, CHRIS

5401 W. OAKRIDGE RD.

ORLANDO, FL 32819 US

VELASQUEZ, MARISELA

9654 WORTHINGTON RIDGE RD

ORLANDO, FL 32829 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: MARISELA VELASQUEZ 07/24/2007

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 ( ).

ORLANDO, FL 32819 US

City-St-Zip:

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

City-St-Zip:

ORLANDO, FL 32829 US

Title: P/D ( ) Delete Title: PD (X) Change ( ) Addition Name: CAMPOVERDE, MERCY Name: VELASQUEZ, CHRIS

 Address:
 5401 W. OAKRIDGE RD.
 Address:
 9654 WORTHINGTON RIDGE RD

 City-St-Zip:
 ORLANDO, FL 32819 US
 City-St-Zip:
 ORLANDO, FL 32829 US

Title: VP/D ( ) Delete Title: VP (X) Change ( ) Addition Name: VELASQUEZ, CHRIS Name: VELASQUEZ, MARISELA Address: 5401 W. OAKRIDGE RD. Address: 9654 WORTHINGTON RIDGE RD

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

 Name:
 Name:
 CAMPOVERDE, MERCY

 Address:
 Address:
 4864 ADAIR OAK DR

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32829 US

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: CHRIS VELASQUEZ PD 07/24/2007