2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOOLINAENT # DOCOOO400440

FILED Apr 18, 2008 8:00 am Secretary of State

1. Entity Name PRAISE ANSWERING SERVICE, INC.							04-18-2008	90036 0	02 ***15	50.00
Principal Plac	e of Business	M	ailing Address			ี่ นูบบ	LYDDA			
5764 SE 47TH AVE. 5			5764 SE 47TH AVE. STUART, FL 34997			,				
2. Principal Place of Business - No P.O. Box # 3.			3. Mailing Address			_				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03102008	Chg-P	CR2E03	4 (12/06)		
			City & State			4. FEI Number 20-5387			ļ	plied For t Applicable
			Zip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Addres	s of Current Regis	tered Agent			7. Name and A	Address of New R	egistered A	gent	
LEWIS AN	WINE BLITH				Name					
LEWIS, ANNIE RUTH 5764 SE 47TH AVE. STUART, FL 34997					Street Address	(P.O. Box Number	is Not Acceptable	e)		
					City			FL	Zip Code	э
8. The above the obligat	named entity submits this tions of registered agent.	s statement for the p	ourpose of changing its	register	ed office or registe	ered agent, or both	, in the State of Flo	orida. I am fa	amiliar with,	and accept
SIGNATURE_	Signature, typed or printed name of	of registered agent and title	if applicable. (NCTI	E Registere	d Agent signature require	id when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$ ay 1, 2008 Fee will	150.00 be \$550.00	9. Election Campa Trust Fund Cont	_	, -,	5.00 May Be ded to Fees				
FIL After Ma	ay 1, 2008 Fee will	150.00 be \$550.00 ficers and direc	Trust Fund Cont	_	, -,	ded to Fees	CHANGES TO OFF	ICERS AND	DIRECTORS	5 IN 11
After Ma	ay 1, 2008 Fee will OF	be \$550.00	Trust Fund Cont	ribution.	☐ Add	ded to Fees	CHANGES TO OFF		DIRECTORS	S IN 11
After Ma	ay 1, 2008 Fee will OF P,D LEWIS, DAVID SR.	be \$550.00	Trust Fund Cont	11.	Add	ded to Fees	CHANGES TO OFF			
After Ma	OF P,D LEWIS, DAVID SR. 5764 SE 47TH AVE.	be \$550.00	Trust Fund Cont	11. TITLE	Add	ded to Fees	CHANGES TO OFF			
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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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dat

SIGNATURE: ____