



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008 8:00 am
Secretary of State

08-25-2008 90002 042 ***150.00

DOCUMENT # P06000106383 1. Entity Name APHRODITES CHILD CO					
Principal Place of Business 1301 SEAFARER CIRCLE, #105 JUPITER, FL 33477			Mailing Address 1301 SEAFARER CIRCLE, #105 JUPITER, FL 33477		
2. Principal Place of Business - No P.O. Box # 1209 Main Street Suite, Apt. #, etc. # 309		3. Mailing Address 1209 Main Street Suite, Apt. #, etc. # 309		40114101 	
City & State Jupiter, Florida Zip 33458		City & State Jupiter, Florida Zip 33458		4. FEI Number 87-0781277	
Country U.S.		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAHONEY, SHANNON M 315-11TH ST. W. PALM BCH, FL 33401				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><i>Shannon M Mahoney</i></u> Registered Agent <u>8-12-08</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 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP P NIKOLAKOPILOS, TIANA A 1301 SEAFARER CIRCLE, #105 JUPITER, FL 33477 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1209 Main Street, # 309 Jupiter, FL 33458		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ST NIKOLAKOPILOS, TIANA A 1301 SEAFARER CIRCLE, #105 JUPITER, FL 33477 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1209 Main Street, # 309 Jupiter, FL 33458		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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><i>Shannon M Mahoney</i></u> <u>8/23/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					