


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90029 028 ***150.00

| | | |
|---|--|---|
| DOCUMENT # P06000118067 | |  |
| 1. Entity Name RETRO WIZZARD, INC | | |

| | |
|---|---|
| Principal Place of Business 880 CHOKE CHERRY DR WINTER SPRINGS, FL 32708 US | Mailing Address 880 CHOKE CHERRY DR WINTER SPRINGS, FL 32708 US |
|---|---|

| | |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |

60024547



02252008 Chg-P CR2E034 (12/06)

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| JANVRIN, BARRY J 880 CHOKE CHERRY DR WINTER SPRINGS, FL 32708 | | 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remitting) DATE _____

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|-----------------------------------|---|---|
| TITLE | P <input type="checkbox"/> Delete | TITLE | V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JANVRIN, BARRY J | NAME | JANVRIN, BARRY J |
| STREET ADDRESS | 880 CHOKE CHERRY DR | STREET ADDRESS | 880 CHOKE CHERRY DR |
| CITY-ST-ZIP | WINTER SPRINGS, FL 32708 | CITY-ST-ZIP | WINTER SPRINGS FL 32708 |
| TITLE | <input type="checkbox"/> Delete | TITLE | P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | JANVRIN, APRIL S |
| STREET ADDRESS | | STREET ADDRESS | 880 CHOKE CHERRY DR |
| CITY-ST-ZIP | | CITY-ST-ZIP | WINTER SPRINGS 32708 |
| TITLE | <input type="checkbox"/> Delete | TITLE | ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | Vic Kelly |
| STREET ADDRESS | | STREET ADDRESS | 431 Kueger Street |
| CITY-ST-ZIP | | CITY-ST-ZIP | ORLANDO, FL, 32839 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

022808 407-488-0136

Date Daytime Phone #