2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000121205

1. Entity Name
THE GUEST LIST, INC.

Principal Place of Business	Mailing Address
1365 WINDSONG RD ORLANDO, FL 32809	1365 WINDSONG RD ORLANDO, FL 32809

DO NOT WRITE IN THIS SPACE

FILED
Jul 31, 2008 08:00 AM
Secretary of State

07252008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-5581077	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

URANICK, CRAIG
1365 WINDSONG RD
ORLANDO, FL 32809

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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 reinstating)   DATE

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000956764
07/31/08-80003-020 550.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	URANICK, CRAIG
STREET ADDRESS	1365 WINDSONG RD
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	VP
NAME	REARDON, DEAN
STREET ADDRESS	290 EAGLE KNOB POINTE
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   7/25/08   407-592-9343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #