2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2008 8:00 am Secretary of State 03-24-2008 90071 050 ***150.00

1. Entity Nam	е	# P06000122 PRISES, INC.			03-24-200	300 7.	1 030 **	130.00			
Principal Place of Business Mailing Address						66006174					
580 MASON AVENUE Daytona Beach, FL 32117			580 MASON AVENUE Daytona Beach, FL 32117								
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Principal Place of Business - No P.O. Box # 3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #. etc.			03052008	Chg-P	CR2E0:	34 (12/06)	<u>.</u>	
City & State			City & State		4. FEI Numb 20-560				plied For x Applicable		
Zip	Zip Country		Zip Coun		ury	5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current F			Registered Agent	* ·			7. Name and Address of New Registered Agent				
DELWAR, WALI					Name						
580 MASON AVENUE DAYTONA BEACH, FL 32117					Street Address (P.O. Box Number is Nox Acceptable)						
					City				Zip Cod		
					<u> </u>		uh io the Clate of De	FL.	<u> </u>		
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 familier with, and accept the obligations of registered agent.											
SIGNATURE											
Signature, trood or priced name of registered agent and tale it applicable (NOTE Registered Agent, signature required when rendstring) DATE											
FILE NOWILL FEE IS \$150,00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5,00 May Be Trust Fund Contribution. Added to Fees											
10.		· OFFICERS AND		11,		ADDITIONS	/CHANGES TO OFF	CERS AND		S IN 11	
TUTLE NAME				fal NAM					Change	Addition	
STREET ADORESS	SS 580 MASON AVENUE ST				ET ADCRESS					}	
TIFLE	DAYTONA BEACH, FL 32117 GI				-51-21?		, _		☐ Change	☐ Addition	
NAME	DELWAR, WALI				- 1						
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NAME	DELWAR, WALI				u.	1	_				
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TITLE			Delete	TITL				-	Change	Addition	
NAME STREET ADDRESS	ESS SIR				EET ADORESS						
CITY-SI-ZIP					-51-219						
12. I hereby certify that the information supplied with this filting 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 employee of the 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.											
Malli 2 leves president all all all											
SIGNATURE: WILL Dellew PRESIDENT 04-04-08											