2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000128128

1. Entity Name
SEXCELLS, INC.
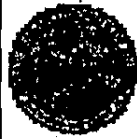
Principal Place of Business	Mailing Address
100 CESSNA BLVD SUITE I DAYTONA BEACH, FL 32128 US	100 CESSNA BLVD SUITE I DAYTONA BEACH, FL 32128 US

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U00000927446
05/20/08-80107-003  150.00
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04252008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-5669022	Not Applicable

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

6. Name and Address of Current Registered Agent

DESMARAIS, GRANT P
2028 CORNELLE PLACE
PORT ORANGE, FL 32128

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 $150.00
After May 1, 2008 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	DESMARAIS, GRANT P
STREET ADDRESS	2028 CORNELLE PLACE
CITY-ST-ZIP	PORT ORANGE, FL 32128

TITLE	CEO
NAME	REMY, COLLINS
STREET ADDRESS	6120 JASMINE VINE DRIVE
CITY-ST-ZIP	PORT ORANGE, FL 32128

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	

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: _____   4/25/08   386-235-5025

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