

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000151517

Entity Name: THEADMASTER.COM CORP.

FILED
Feb 12, 2008
Secretary of State

Current Principal Place of Business:

6041JOHNSON STREET
HOLLYWOOD, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

6041JOHNSON STREET
HOLLYWOOD, FL 33024 US

New Mailing Address:

FEI Number: 20-8075067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DISLA, KHAIR
6041 JOHNSON STREET
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: DISLA, KHAIR
Address: 6041 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: T () Delete
Name: DISLA, KHAIR
Address: 6041 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: VP/D () Delete
Name: SEVIGNY, PATRICK
Address: 6041 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: S/D (X) Delete
Name: DESANGLES, MARCIO
Address: 6041 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33024 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DISLA KHAIR

PST

02/12/2008

Electronic Signature of Signing Officer or Director

Date