2008 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # P07000046124 02-20-2008 90008 029 ***158.75 TREASURE PLUS ENTERPRISES INC. Principal Place of Business Mailing Address 3795 NW 113 AVE. 3795 NW 113 AVE. CORAL SPRINGS, FL 33085 CORAL SPRINGS, FL 33085 2. Principal Place of Business - No P.O. Box # 3. Mailing Address c/o ChenLaw, PA Suite, Apt. #. etc. 5401 S. Kirkman Rd, Suite, Apt. #, etc. 01252008 CR2E034 (12/06) Chg-P 31b 4. FEI Number 20-8853046 Applied For City & State Orlando, FL City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32819 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ChenLaw, PA MAHARAJ, GEJENDRA Street Address (P.O. Box Number is Not Acceptable) 3795 NW 113 AVE. 16 CORAL SPRINGS, FL 33085 5401 S. Kirkman Rd., Ste. 310 City Orlando Zip Code 32819 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 ennisChen Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President TITLE ☐ Delete TITLE ☑ Change ☐ Addition Ramcharan, Indarjit RAMCHARAN, INDARJIT NAME NAME STREET ADDRESS 164 FLETCHERS RD., TODDS ROAD STREET ADDRESS 164 Fletchers Rd., Todds Road CITY-ST-ZIP CHAGUANAS. CITY-ST-ZIP Chaguanas, Trinidad & Tobago Secretary & Treasurer Ramcharan, Theresa Addition TITLE ☐ Delete ☐XChange TITLE NAME RAMCHARAN, THERESA NAME 164 Fletchers Rd., Todds Road 164 FLETCHERS RD., TODDS ROAD STREET ADDRESS STREET ADDRESS CHAGUANAS, CITY-ST-ZIP CITY-ST-ZIP Chaquanas, Trinidad & Tobago ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED Feb 20, 2008 8:00 am

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