

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000049569

Entity Name: SCHOOZ COMPANY

FILED
Jan 31, 2008
Secretary of State

Current Principal Place of Business:

2020 CATTLEMEN RD
SUITE 100
SARASOTA, FL 34232 US

New Principal Place of Business:

FUNKY MUNKY 1420 OVEIDO MARKETPLACE MALL
OVIEDO, FL 32765 US

Current Mailing Address:

2020 CATTLEMEN RD
SUITE 100
SARASOTA, FL 34232 US

New Mailing Address:

3125 HEIRLOOM ROSE PLACE
OVIEDO, FL 32766 US

FEI Number: 20-8947280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSON, ANTHONY E
2020 CATTLEMEN RD
SUITE 100
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

OLSON, ANTHONY E
2020 CATTLEMEN ROAD
SUITE 100
SARASOTA, FL 34232 US

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:

01/31/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPTS () Delete
Name: COCKERILL, NATALIE
Address: 92 BEMPTON LANE
City-St-Zip: BRIDLENGTON, EAST YORKSHIRE, -- YO166HE UK

Title: DVP () Delete
Name: COCKERILL, MARK
Address: 92 BEMPTON LANE
City-St-Zip: BRIDLENGTON, EAST YORKSHIRE, -- YO166HE UK

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change () Addition
Name: COCKERILL, NATALIE
Address: 3125 HEIRLOOM ROSE PLACE
City-St-Zip: OVIEDO, -- 32766 US

Title: DVP (X) Change () Addition
Name: COCKERILL, MARK
Address: 3125 HEIRLOOM ROSE PLACE
City-St-Zip: OVIEDO, -- 32766 US

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: NATALIE COCKERILL

MRS

01/31/2008

Electronic Signature of Signing Officer or Director

Date