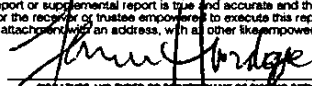


FILED
Sep 08, 2008 8:00 am
Secretary of State

09-08-2008 90001 043 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P07000073009			
1. Entity Name MINORITY PROFESSIONAL INC.			
Principal Place of Business 1826 BLOSSOM TERRACE ORLANDO, FL 32805 US		Mailing Address P. O. BOX 682662 ORLANDO, FL 32868 US	
2. Principal Place of Business - No P.O. Box # 6221 Westgate Dr #1006 Orlando, FL 32835 City & State Zip		3. Mailing Address P. O. Box 682662 Orlando, FL 32868 City & State Zip	
4. FEI Number 42-1738295		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ANDERSON, CHRIS 1826 BLOSSOM TERRACE ORLANDO, FL 32805		7. Name and Address of New Registered Agent Name Chris Street Address (P.O. Box Number is Not Acceptable) 7533 Sandlake Pt Loop #201 City Orlando FL Zip Code 32809	
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: Chris Anderson DATE: 8/29/08 (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR HARDAGE, JERMAINE P. O. BOX 682662 ORLANDO, FL 32868 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR HAYES, CHATNEY L 2305 E. ALBERSON RD. ALBANY, GA 31721 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYES, CHATNEY L 2305 E. ALBERSON RD. ALBANY, GA 31721 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARDAGE, JERMAINE P. O. BOX 682662 ORLANDO, FL 32868 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HARDAGE, JERMAINE P. O. BOX 682662 ORLANDO, FL 32868 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA HARDAGE, JERMAINE P. O. BOX 682662 ORLANDO, FL 32868 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 recorder 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 to an address, with all other like empowered.			
SIGNATURE: 		8/29/08 (407)803-1321	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

60046758



08062008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000073009
1. Entry Name
MINORITY PROFESSIONAL INC.

1. Entity Name
MINORITY PROFESSIONAL INC.

2. Principal Place of Business - No P.O. Box #
621 Westgate #400
Suite Apt. # etc.
3. Mailing Address
P.O. Box 6866
Suite Apt. # etc.

ANDERSON CHRIS 1826 BLOSSOM TERRACE ORLANDO, FL 32805	Name CKM SuperAccess ID 7533
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8. The above named entity certifies that the statement for the purpose of changing its registered office or registration of the obligations of registered agent is true and correct.

SIGNATURE Chris Anderson

Signature typed or printed: Chris Anderson

Typed name of registered agent: Chris Anderson

Typed title of registered agent: Registered Agent

Typed address of registered agent: 10115 1st Avenue S.W. #100

Typed city and state of registered agent: Seattle, WA 98148

Typed telephone number of registered agent: 206 465 1111

Typed fax number of registered agent: 206 465 1111

Typed e-mail address of registered agent: chris@andersonandson.com

Typed date of signature: 12/1/2010

16.	FILE NAME	DIR HARDAGE, JERMAINE	11.	FILE NAME
				☐ Debit

STREET ADDRESS CITY-ST-ZIP	2305 E. ALBERSON RD. ALBANY, GA 31721	STREET ADDRESS CITY-ST-ZIP
TITLE	P	TITLE ☐ Double

NAME	HARDAGE, JERMAINE	NAME	
STREET ADDRESS	P. O. BOX 682662	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32868	CITY-ST-ZIP	

TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS
TREA HARDAGE, JERMAINE P. O. BOX 682662		

SIGNATURE: Frank Forde
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR

This report must be signed in Block 12 with an original signature by an officer/director of the entity that is listed in Block 10, Block 11 if it is a change, or on an attachment to the entity as in the hands of a receiver, if must be signed by the trustee or receiver. A signature placed on an attachment in Block 12 is unacceptable.

10675 TL 308841181

Phone: (850) 245-6056

Hearing/Voice Impaired may call (850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will disavow/revokes the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.

Chg-P CR2E034 (12/08)

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