


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

09-08-2008 90003 001 ***155.00

DOCUMENT # P07000082768		
1. Entity Name PULSE PERFORMANCE STUDIO, INC.		
Principal Place of Business 422 S ALAFAYA TRAIL SUITE # 31 ORLANDO FL 32818 32828		Mailing Address 422 S ALAFAYA TRAIL SUITE # 31 ORLANDO FL 32818 32828
2. Principal Place of Business - No P.O. Box # 422 S Alafaya Tr. Suite, Apt. #, etc. Suite # 31 City & State Orlando FL Zip 32828 Country USA		3. Mailing Address 422 S Alafaya Tr. Suite, Apt. #, etc. Suite # 31 City & State Orlando FL Zip 32828 Country USA
4. FEI Number 26-0700888		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		



2nd MOORE CR2E034 (4/08)

6. Name and Address of Current Registered Agent HARRIS, LUIS F CPA 3012 E ROBINSON STREET ORLANDO FL 32803		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 DUE BY September 3, 2008 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COMRIE, SACHA 422 S. ALAFAYA TRAIL ORLANDO FL 32818 32828 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 any other like empowered.

SIGNATURE: SACHA P. COMRIE 8/4/08 407-380-7933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR