2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2008 8:00 am
Secretary of State
08-15-2008 90002 003 ***150.00

DOCUMENT # P07000089662

1. Entity Name
FLYING DEBRIS MERCHANDISING GROUP, INC.

Principal Place of Business	Mailing Address
932 SW 30TH STREET PALM CITY, FL 34990	932 SW 30TH STREET PALM CITY, FL 34990

08052008 Chg-P CR2E034 (12/06)

2. Principal Place of Business – No P.O. Box #	3. Mailing Address	4. FEI Number	
4207 SE BARCELONA ST.	4207 SE BARCELONA ST	26-0674213	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State: STUART. FL	City & State: STUART. FL		
Zip: 34997 Country: U.S.A.	Zip: 34997 Country: U.S.A.	5. Certificate of Status Desired ☒ $8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAWSON, CLIFF 932 SW 30TH STREET PALM CITY, FL 34990	Name: NEIL E. CHAPIN Street Address (P.O. Box Number is Not Acceptable): 4207 SE BARCELONA ST. City: STUART FL Zip Code: 34997

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: X NEIL E. CHAPIN (Signature, type or print name of registered agent. Last Clerk if applicable.) (NOTE: Registered agent signature required when reinstating.) DATE: 8/12/08

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	P CHAPIN, NEIL E 1281 N OCEAN DRIVE, #159 RIVERIA BEACH, FL 33404	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPST LAWSON, CLIFF 932 SW 30TH STREET PALM CITY, FL 34990	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 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.

SIGNATURE: (SIGNATURE AND TYPED OR PRINTED NAME OF PERSON CONSTITUTING OFFICER OR DIRECTOR) Date: 8/12/08 Daytime Phone #