2008 FOR PROFIT CORPORATION ANNUAL REPORT

2008 FOR PROFIT CORPORATION ANNUAL REPORT					9/10/2008-90002-017-\$150.00-\$150.00			
1. Entity Nam	MENT # P07000090 otus inc.			08 SE	P24 PH 2: TARY OF STASSEE, FLO	54		
Principel Plac 539 PELICAN ATLANTIC BE		Mailing Address 539 PELICAN KEY ATLANTIC BEACH, FL 3223	33 US		MANAGAMAN TARAKAN TARAK	ASSEE, FLÖ	RÍÐA Dimmunn	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07162008	Chg-P			
City & State		City & State		4. FEI Numb	26 - 0733 763 Not Applicable			
Zip	Country		Country		of Status Desired	□ \$8.75 A Fee Requi	viditional ired	
	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New F	legistered Agent		
KAROL, CAROL ANNE 539 PELICAN KEY			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
ATLANTIC	DBEACH, FL 32233							
	•		City			FL Zoc	ode	
	e named entity submits this statement for tions of registered agent. Signeure, hold or privad name of registered agent.		istered office of registr		th, in the State of H	Orida. I am tamiliar wil	h, and accept	
	LE NOWIII FEE IS \$150.00 tue by September 12, 2008	9. Election Campaign F Trust Fund Contribut		5.00 May Be ided to Fees	corporation did	with s. 607.193(2)(b not receive the prio	r notice.	
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP	P KAROL, CAROL ANNE 539 PELICAN KEY ATLANTIC BEACH, FL 32233	DIRECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS	CHANGES TO OFF	FICERS AND DIRECTO		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-\$1-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZP			☐ Change	e 🔲 Addition	
TITLE MANE STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE MALIE STREET ADDRESS CITY-SI-ZIP			Change	B Addition	
TITLE HAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Detete	TITLE NAME STREET ADDRESS CITY-SI-29P			☐ Change	e Addition	
indicated of the co	certly that the Information supplied with on this report or supplemental report or proporation or the receiver or trustee empt, or on an attachment with an addless.	s true and accurate and that my si lowered to execute this report as re	ignature shall have the required by Chapter 60	same lega) effec	t as if made under	oath; that I am an offic	er or director	