2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000093154

Entity Name: EUPHORIC ABODES, INC.

FILED Apr 24, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:	
451 SARGO ROAD ATLANTIC BEACH, FL 32233 US			12778 SERENADE CIRCLE NORTH JACKSONVILLE, FL 32225 US	
Current Mailing Address:			New Mailing Address:	
451 SARGO ROAD ATLANTIC BEACH, FL 32233 US			12778 SERENADE CIRCLE NORTH JACKSONVILLE, FL 32225 US	
FEI Number	: 33-1178097 FEI I	Number Applied For() FEI Nu	ımber Not Appl	licable () Certificate of Status Desired ()
Name and	l Address of Curren	t Registered Agent:	Name and	Address of New Registered Agent:
1201 SAN JACKSON The above	named entity submit	US s this statement for the purpose	of changing i	ts registered office or registered agent, or both,
	e of Florida.			
SIGNATUI		nature of Registered Agent		Date
Election Car	mpaign Financing Trust			Date
	S AND DIRECTORS	` '	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:
Title:	P,S, () Delete		Title:	P,S, (X) Change () Addition
Name: Address: City-St-Zip:	BOWLES, APRIL E 451 SARGO ROAD		Name: Address: City-St-Zip:	BOWLES, APRIL E 12778 SERENADE CIRCLE NORTH
Title: Name: Address: City-St-Zip:	VP () Delete THOMAS, RYAN C 451 SARGO ROAD ATLANTIC BEACH, FL		Title: Name: Address: City-St-Zip:	VP (X) Change () Addition THOMAS, RYAN C 12778 SERENADE CIRCLE NORTH JACKSONVILLE, FL 32225 US
Title: Name: Address: City-St-Zip:	T () Delete BOWLES, APRIL E 451 SARGO ROAD ATLANTIC BEACH, FL		Title: Name: Address: City-St-Zip:	T (X) Change () Addition BOWLES, APRIL E 12778 SERENADE CIRCLE NORTH JACKSONVILLE, FL 32225 US
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Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	P () Change (X) Addition BOWLES, APRIL E 12778 SERENADE CIRCLE NORTH JACKSONVILLE, FL 32225

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: APRIL BOWLES P 04/24/2009