

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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|--|--|---|---|---|--|--|--|
| DOCUMENT # P07000105321 1. Entity Name NANNIE'S INTERNATIONAL INC. | | | | | | <div style="text-align: right;">FILED</div> <div style="text-align: right;">08 SEP 26 PM 3:52</div> <div style="text-align: right;">FLORIDA STATE TREASURER, FLORIDA</div> | |
| Principal Place of Business 5580 NW 61ST COCONUT CREEK, #616, FL 33073 | | | | Mailing Address 5580 NW 61ST COCONUT CREEK, #616, FL 33073 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 5851 Holmberg Rd | | 07052008 Chg-P CR2E034 (12/06) | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. # 3921 | | | | | |
| City & State | | City & State Parkland Florida | | 4. FEI Number 331184219 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| Zip | Country | Zip 33067 | Country U.S.A | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent INGRAM, CLAUDINE M 5580 NW 61ST COCONUT CREEK, #616, FL 33073 | | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____ | | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PD <input type="checkbox"/> Delete INGRAM, CLAUDINE M 5580 NW 61ST COCONUT CREEK, #616, FL 33073 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Claudine Ingram <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5851 Holmberg Rd Parkland FL 33067 | | |
| 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 all other like empowered. | | | | | | | |
| SIGNATURE: Claudine Ingram <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 9.20.08 (954) 344 5336 <small>Date Daytime Phone #</small> | | | |