

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000005525

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** ARCHIPIRATA DONEC MORTALIS INC.

**Current Principal Place of Business:**

1611 CR753S  
WEBSTER, FL 33597 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1752  
CRYSTAL RIVER, FL 34429 US

**New Mailing Address:**

P.O. BOX 1752  
CRYSTAL RIVER, FL 34423 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD., STE. 101  
TALLAHASSEE, FL 323012960 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WEEKS, ANITA  
Address: P.O. BOX 1752  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D  
Name: WEEKS, ANITA  
Address: P.O. BOX 1752  
City-St-Zip: CRYSTAL RIVER, FL 34429

I hereby 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 all other like empowered.

SIGNATURE: ANITA WEEKS

P

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date