

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000007432

Entity Name: ASK AUDREY, INC.

FILED  
Apr 14, 2009  
Secretary of State

## Current Principal Place of Business:

7310 WEST MCNABROAD  
210  
TAMARAC, FL 33321 US

## Current Mailing Address:

7310 WEST MCNABROAD  
210  
TAMARAC, FL 33321 US

FEI Number: 26-3813956

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

7310 WEST MCNAB ROAD  
210  
TAMARAC, FL 33321 US

## New Mailing Address:

7310 WEST MCNAB ROAD  
210  
TAMARAC, FL 33321 US

## Name and Address of Current Registered Agent:

CODY, AUDREY  
7310 WEST MCNAB ROAD  
210  
TAMARAC, FL 33321 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: CODY, AUDREY  
Address: 7310 WEST MCNAB ROAD #210  
City-St-Zip: TAMARC, FL 33321 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: BAPTISTE, KIMBERLY A  
Address: 9322 SW 1ST STREET  
City-St-Zip: PLANTATION, FL 33324 US

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: AUDREY CODY

P

04/14/2009

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

\_\_\_\_\_ Date