

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000025993

Entity Name: 24 HOURS, INC.

FILED
Aug 06, 2009
Secretary of State

Current Principal Place of Business:

96 S SEWALLS POINT ROAD
STUART, FL 34996

New Principal Place of Business:

540 NW 9TH AVENUE
BOYNTON BEACH, FL 33435

Current Mailing Address:

96 S SEWALLS POINT ROAD
STUART, FL 34996

New Mailing Address:

540 NW 9TH AVENUE
BOYNTON BEACH, FL 33435

FEI Number: 77-0715863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMLINSON, JOHN L
500 NW 62ND STREET
STE 210
FT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

PERSSON, MATS L
540 NW 9TH AVENUE
BOYNTON BEACH, FL 33435 US

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: MATS PERSSON

08/06/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PERSSON, MATS
Address: 96 S SEWALLS POINT ROAD
City-St-Zip: STUART, FL 34996

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PERSSON, MATS
Address: 540 NW 9TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VP () Change (X) Addition
Name: BRUNACHE, LYNDIA
Address: 540 NW 9TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435

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: MATS PERSSON

D

08/06/2009

Electronic Signature of Signing Officer or Director

Date