2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000020878

Entity Name: FLYING CLOUD ENTERPRISES, INC

FILED Jan 08, 2012 Secretary of State

| Current Principal Place | of Business: | New Principal Place | New Principal Place of Business: | |
|--|---------------------------------|---------------------------------------|---|--|
| 896 LANTERN WAY CLEARWATER, FL 33765 | | | 411 CLEVELAND STREET, PMB 239 CLEARWATER, FL 33755 | |
| Current Mailing Address: | | New Mailing Addres | New Mailing Address: | |
| 896 LANTERN WAY CLEARWATER, FL 33765 | | 411 CLEVELAND STF CLEARWATER, FL 3 | 411 CLEVELAND STREET, PMB 239 CLEARWATER, FL 33755 | |
| FEI Number: | FEI Number Applied For () | FEI Number Not Applicable (X) | Certificate of Status Desired () | |
| Name and Address of C | urrent Registered Agent: | Name and Address of | Name and Address of New Registered Agent: | |
| CALLAHAN, SARA 896 LANTERN WAY CLEARWATER, FL 3376 | 5 US | | | |
| The above named entity s in the State of Florida. | ubmits this statement for the p | ourpose of changing its registere | d office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electronic Signature of Registered Agent | | ent | Date | |
| OFFICERS AND DIRECT | rors: | | | |

Title:

Name: CALLAHAN, SARA 896 LANTERN WAY Address: City-St-Zip: CLEARWATER, FL 33765

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 required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SARA CALLAHAN **PSD** 01/08/2012