2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32608

Entity Name: FLEXSTAKE, INC.

FILED Feb 29, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2150 ANDF FT. MYERS	REA LANE 5, FL 33912 US				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
2150 ANDF FT. MYERS	REA LANE 8, FL 33912 US				
FEI Number:	75-1961826 FEI N	lumber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
HUGHES, 2150 ANDF FORT MYE		S			
The above in the State		s this statement for the pu	pose of changing its registered	d office or registered agent, or both,	
SIGNATUR	E:				
Electronic Signature of Registered Agent				Date	
Election Cam	paign Financing Trust	Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete HUGHES, JR R K 2150 ANDREA LANE FT. MYERS, FL 33912		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VST () Delete HUGHES, ROBERT K S 7143 S BRENTWOOD I FORT MYERS, FL 339	RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete ZADROZNY, JAMES T 12936 SAND POINT CT FORT MYERS, FL 339		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete HUGHES-ZADROZNY, 12936 SAND POINT CT FORT MYERS, FL 339	•	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete HARMON, JANIE 2354 LA SALLE AVE FORT MYERS, FL 339	07	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete DEVRIES, JULIE 3775 TIMBERLINE DR WEST DES MOINES. IA	A 50265	Title: Name: Address: City-St-Zin:	() Change () Addition	

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: ROBERT K HUGHES JR. PD 02/29/2008