2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 13, 2008 08:00 AN Secretary of State DOCUMENT # P94000016917 1. Entity Name SOUVENIR CITY, INC. Principal Place of Business Mailing Address 3154 S ATLANTIC AVE 3154 S ATLANTIC AVE DAYTONA BEACH SHORES FL 32118 DAYTONA BEACH SHORES FL 32118 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FE: Number City & State Applied For 59-3222490 Not Applicable Zip Country Zφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PASPALAKIS, JOHN Street Address (P.O. Box Number is Not Acceptable) 3154 S ATLANTIC AVE DAYTONA BEACH SHORES FL 32118 City Zip Cade 8. 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. I am familiar with, and accept the colligations of registered agent. Signature Solutions, typed or prished name of registed agent and the Templicade. (BLOTE: Pegistered Agent signaturn required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition U000000857105 PASPALAKIS, JOHN NAME NAME 03/28/08-80038-023 150.00 STREET ADDRESS 3154 S ATLANTIC AVE STREET ADDRESS CITY- ST-7IP DAYTONA BEACH SHORES FL 32118 CITY-ST-ZIP VPD TITLE ☐ De ete TITLE Change ☐ Addition NAME PASPALAKIS, URANIA NAME STREET ADDRESS 3154 S ATLANTIC AVE STREET ADDRESS CITY-ST-7IP DAYTONA BEACH SHORES FL CITY-ST-7IP TOTALE Derete . TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deiete TITUE ☐ Change Addition HAME MALS STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY - ST- ZIP MIE De ete TITLE ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ De-ele TITI F Change Addition | NAME MARIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST 7/E

12. Thereby certify that the information supplied with this filting does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

of the corporation or the receiver or trustee empowered to execute this if changed, or on an attachment with an address, with all other like an

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