2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # P94000052103

1. Entity Name

SUZ LETZIG & ASSOCIATES, INC.



FILED May 01, 2008 08:00 AN Secretary of State



2. Proc. Place of Bluenese - No P.C. Box # 3. Making Agric #, etc. 1st MOORE CR2E034 (10/07)		WARD STREET D PLAZA/SUITE 3	Ma·ling Address PO BOX 533010 ORLANDO FL 32853-3010 US						
Coy & State	2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
2	Suite, Apt. #, etc		Sorte, Apt. #, etc.		1s	1st MOORE CR2E034 (10/07)			
S. Certificate of Status Desired S. Certificate of Status Desired See Required See Requi	City & State		City & State		4. FEI Numb	E0_225E204			
Name	Zip	Country	Ζip	Country	5. Certificate				
LETZIG, SUZ Y A301 KASPER DRIVE ORLANDO FL 32806 City FL Zip Code City		6. Name and Address of Current	7. Name and	7. Name and Address of New Registered Agent					
Addition					Name				
The above named antity outbrins the statement for the purpose of changing is registered agent, or both in the State of Florida. I am familier with and accept the calligations of registered agent, or both in the State of Florida. I am familier with and accept the calling allowed agent. Signature	4301 KASPËR DRIVE			Street Address (P.O. Box No		per is Not Acceptable)			
The above named amily outpries the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the outpractions of registered agent. Comparison to registered agent. DATE				City		FI	Zip Cod	e	
THE NOW!! FEE: IS \$150.00 S50.00 May Be Added to Fees Addition Make Check Rayable to Florida Department of State S11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO CHANGE IN 11. ADDITIONS/CHANGE IN 11. ADDITIONS/CHANGE IN 11. ADDITIONS/CHANGES TO CHANGE IN 11. ADDITIONS/CHANGE IN 11. ADDITIONS/	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								
After May 1, 2008 Fee Will Be \$550,00 May be Make Check Payable to Florida Department of State	SIGNATURE								
THE PS	After May 1, 2008 Fee Will Be \$550.00								
NAME STREET ADDRESS CITY-ST-ZIP CHange Addition CITY-ST-ZIP CHANGE C	10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	/CHANGES TO OFFICERS AND I	DIRECTOR:	S IN 11	
STREET ADDRESS A901 KASPER DR CITY-ST-2P COLLANDO FL CITY-ST-2P COLLANDO FL CITY-ST-2P CITY-S			☐ Derete	TITEE			Change	☐ Addition	
THE LETZIG, BETTY J STRET ADDRESS CITY-ST-ZIP THE NAME STRET ADDRESS CITY-ST-ZIP				- I		# ######### ##########################			
NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP						05/28/08-80031-00	8 150.	09	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	VPT	☐ De:ete	TITLE		1 t 14/m,	Change	[] Addition	
CITY-ST-ZIP LITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME	LETZIG, BETTY J		NAME					
TITLE	· · · · · · · · · · · · · · · · · · ·			I					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		ASHEVILLE NC 28801			· · · · · · · · · · · · · · · · · · ·				
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP ITTLE	I		L.i De∗ete				Change	☐ Addition	
CITY-ST-ZIP		•							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	CITY-ST-ZIP			CITY-ST-ZIP					
SHREET ADDRESS CHY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CHY-ST-ZIP TOTALE NAME STREET ADDRESS CHY-ST-ZIP	1171.6	· · · · · · · · · · · · · · · · · · ·	☐ De ^j ele	TITLE			Change	Addition	
CITY-ST-ZIP			•						
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE OPERING NAME NAME TITLE OFFICE STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP OPERING NAME STREET ADDRESS CITY-S1-ZIP OPERING OTHER STREET ADDRESS CITY-S1-ZIP OPERING OTHER STREET ADDRESS CITY-S1-ZIP	l l								
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP									
STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TOTALE NAME STREET ADDRESS CITY-S1-ZIP TOTALE NAME STREET ADDRESS CITY-S1-ZIP	l l		L⊒ De ele				Change	Addition	
CITY-S1-ZIP TITLE TITLE NAME STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP CITY-S1-ZIP CITY-S1-ZIP CITY-S1-ZIP CITY-S1-ZIP									
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	I								
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ De⊧ele	TITLE			☐ Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP	NAME			NAME				_	
	I								
12. Thereby certify that the information supplied with this filing 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 efficer 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 if changed, or on an attachment with an address, with all other like empowered.

Pres. // V. SHI LETZIG 4/28/08 (401)896-7422
a OFFICEA OR DIPECTOR