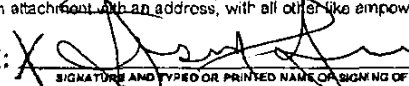


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90412 028 ***150.00

DOCUMENT # P95000011007			
1. Entity Name TO-JESS, INC.			
Principal Place of Business 5225 GODDARD AVE. ORLANDO, FL 32810		Mailing Address 5225 GODDARD AVE. ORLANDO, FL 32810	
2. Principal Place of Business - No P.O. Box # 5237 GODDARD AVE.		3. Mailing Address 5237 GODDARD AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO FL		City & State ORLANDO, FL	
Zip 32810	Country ORANGE	Zip 32810	Country ORANGE
4. FEI Number 59-3313902		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAGAN, JESUS JR. 5225 GODDARD AVE. ORLANDO, FL 32810		7. Name and Address of New Registered Agent Name: JESUS PAGAN JR. Street Address (P.O. Box Number is Not Acceptable) 5237 GODDARD AVE. City: ORLANDO FL Zip Code: 32810	
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 obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGAN, JESUS JR. 5225 GODDARD AVE. ORLANDO, FL 32810 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JESUS PAGAN JR. 5237 GODDARD AVE. ORLANDO, FL 32810 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4-25-08 407 290-5402	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	