2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P95000031193

1. Entity Name
CELLYNNE U.S.A., INC.

Principal Place of Business
600 PACKERLAND DRIVE
GREEN BAY, WI 54303

Mailing Address
1006 MARLEY DRIVE
HAINES CITY, FL 33844

DO NOT WRITE IN THIS SPACE

04142008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3314092

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEGRE, MARC
1006 MARLEY DRIVE
HAINES CITY, FL 33844

DO NOT WRITE IN THIS SPACE

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 title if applicable (NOTE Registered Agent signature required when reinstating) 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

U00000908272
05/06/08-80023-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MINGUEZ, PATRICE
STREET ADDRESS	1006 MARLEY DR.
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	DVP
NAME	ALLEGRE, MARK
STREET ADDRESS	1006 MARLEY DR.
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 4/11/08 863-547-6993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #