

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000085337

Entity Name: AGGRESSIVE BOX, INC.

FILED
Jan 09, 2007
Secretary of State

Current Principal Place of Business:

4613 N. THATCHER AVE
TAMPA, FL 33614 US

New Principal Place of Business:

5444 PIONEER PARK BLVD. SUITE D
TAMPA, FL 33634 US

Current Mailing Address:

4613 N. THATCHER AVE
TAMPA, FL 33614 US

New Mailing Address:

5444 PIONEER PARK BLVD.
SUITE D
TAMPA, FL 33634 US

FEI Number: 59-3343876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLLER, ALESHIA E
3646 AUSTIN RANGE DR
LAND O LAKES, FL 34639 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALESHIA, OLLER
Address: 3646 AUSTIN RANGE DR
City-St-Zip: LAND O LAKES, FL 34639

Title: D () Delete
Name: OLLER, KEITH
Address: 3646 AUSTIN RANGE DR
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALESHIA OLLER

PRES

01/09/2007

Electronic Signature of Signing Officer or Director

Date