


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90026 030 \*\*\*150.00

<b>DOCUMENT # P96000014015</b> 1. Entity Name <b>SASSY PLUS, INC.</b>					
Principal Place of Business <b>755 S. ORANGE BLOSSOM TRAIL APOPKA, FL 32703</b>			Mailing Address <b>755 S. ORANGE BLOSSOM TRAIL APOPKA, FL 32703</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>2814 David Walker Dr</b> Suite, Apt. #, etc.			
City & State		City & State <b>Eustis, FL</b>		4. FEI Number <b>59-3363668</b>	
Zip <b>32726</b>		Country <b>Lake</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HARRIS, SANG CHO 800 N. FERNCREEK AVE., SUITE 16 ORLANDO, FL 32803</b>			7. Name and Address of New Registered Agent Name <b>Myoung J. Soh</b> Street Address (P.O. Box Number is Not Acceptable) <b>8215 Windsor Ridge Rd.</b> City <b>Orlando, FL</b> Zip Code <b>32835</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD <input type="checkbox"/> Delete <b>MYOUNG J SOH</b> <b>8215 WINDSOR RIDGE RD</b> <b>ORLANDO, FL 32835</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE: <u>Myoung J. Soh</u> MYOUNG J SOH 4/5/08 352 589 8847</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					