2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P96000018333

1. Entity Name
CELLYNNE OF NEVADA, INC.

Principal Place of Business	Mailing Address
140 CASSIDA WAY SUITE 300 HENDERSON, NV 89015	1005 MARLEY DRIVE HAINES CITY, FL 33844

04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3977548
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MINGUEZ, PATRICE
1006 MARLEY DRIVE
HAINES CITY, FL 33844

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000908269
05/06/08-80023-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MINGUEZ, PATRICE
STREET ADDRESS	780 CENTRAL FLORIDA PKWY
CITY-ST-ZIP	ORLANDO, FL
TITLE	D
NAME	MARSOLLE, JEAN-CLAUDE
STREET ADDRESS	140 CASSIA WAY, SUITE 300
CITY-ST-ZIP	HENDERSON, NV 89015
TITLE	D
NAME	MARK, ALLEGRE
STREET ADDRESS	780 CENTRAL FLORIDA PKWY
CITY-ST-ZIP	ORLANDO, FL 32824
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: _____ 4/11/08 863-547-6593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #