2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000056403

1. Entity Name
PRIVATE UNIVERSE, INC.

Principal Place of Business	Mailing Address
425 ALBERTA DR WINTER PARK, FL 32789	P.O. BOX 3122 WINTER PARK, FL 32970

DO NOT WRITE IN THIS SPACE

04162008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3400265	Not Applicable

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

6. Name and Address of Current Registered Agent

CARLTON, EMILEE S
425 ALBERTA DR
WINTER PARK, FL 32789

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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 _____

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

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	CARLETON, EMILEE S
STREET ADDRESS	425 ALBERTA DR
CITY-ST-ZIP	WINTER PARK, FL 32789

TITLE	
NAME	
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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 the empowered.

SIGNATURE: _Emilee Carleton_   4/23/08   407 645-5448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #