2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# P96000058664

Entity Name: LOTS UNLIMITED, INC.

Current Principal Place of Business:

2520 W TENNESSEE ST
TALLAHASSEE, FL 32304 US

New Principal Place of Business:

6753 THOMASVILLE RD.
#108, BOX 228
TALLAHASSEE, FL 32312 US

Current Mailing Address:

PO BOX 180453
TALLAHASSEE, FL 32318 US

New Mailing Address:

6753 THOMASVILLE RD.
#108, BOX 228
TALLAHASSEE, FL 32312 US

FEI Number: 59-3390852 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THARPE, KIMBERLY K
2520 W TENNESSEE STREET
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

THARPE, KIMBERLY K
6753 THOMASVILLE RD.
#108, BOX 228
TALLAHASSEE, FL 32312 US

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: KIMBERLY K. THARPE 04/20/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: THARPE, RICHARD
Address: 3653 WESTMORLAND DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: P ( ) Delete
Name: THARPE, KIMBERLY K
Address: 3054 KILLEARN POINTE COURT
City-St-Zip: TALLAHASSEE, FL 32312

Title: S ( ) Delete
Name: THARPE, LYNDA B
Address: 3633 WESTMORELAND DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP ( ) Delete
Name: PORTER, VICTORIA A
Address: 3653 WESTMORELAND DR.
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: KIMBERLY K. THARPE P 04/20/2009
Electronic Signature of Signing Officer or Director Date