2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # P9600006 of cl, inc.		04-21-2008 90084 049 ***150.00						
Principal Plac	e of Business	<u> </u>	-						
1401 CITRUS Leesburg, F		1401 CITRUS BLVD Leesburg, Fl. 34748	1						
				18 (1988 - 1984 - 1984) 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884	N 86 88 408 71				
Principal Place of Business - No P.O. Box # 3. Malling Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01172008	Chg-P	CR2E0	34 (12/06)	
City & Stat	е	City & State			4. FEI Numbe 59-338			<u> </u>	oplied For
Zip	Country Zip Co		Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required				
Name and Address of Current Registered Agent			<u> </u>	7. Name and Address of New Registered Agent					
LY, CHI	8 270	Name							
1401 CITR LEESBUR	RUS BLVD G, FL 34748	Street Address (P.O. Box Number is Not Acceptable)							
								T	
		City FL Zip Code							
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									
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	ncing \$5.	.00 May Be ed to Fees						
10.			11.		ADDITIONS/	CHANGES TO OFF	ICERS AND		
TITLE ,	D LY, CHI	Delete	TITE	1				Change	Addition
STREET ADDRESS CITY+ST-ZIP	1401 CITRUS BLVD LEESBURG, FL 34748	* 1,3		EET ADORESS '-ST-ZIP					
TITLE	D **	☐ Delete	TITL					☐ Change	Addition
NAME STREET ADDRESS	NGUYEN, HOA 1401 CITRUS BLVD		NAME STREET ADDRESS						
CITY-ST-ZIP				-ST-ZIP					
TITLE NAME			TITU					Change	Addition
STREET ADDRESS	!		STRE	EET ADDRESS					
CITY-ST-ZIP TITLE		□ n-t-r-		-ST-ZIP					- Addis-
NAME	Delote		TITU NAM	-			7	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			1	EET ADDRESS '-ST-ZIP			,		
TITLE		☐ Delete	TITU	···		<u> </u>		Change	Addition
NAME CYPEET ADODESS	NA			- 1			•		_
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP					
TITLE		☐ Delete	TITL	Į.				☐ Change	Addition
NAME STREET ADDRESS	RESS		NAM STRE	et address					}
CITY-SF-ZIP			CITY	-ST-ZIP					
12. I hereby of indicated	certify that the information supplied wi on this report or supplemental report	th this filing does not qualify for is true and accurate and that	or the ex	emptions contained fure shall have the	in Chapter 119 same legal effec	, Florida Statutes. I t as if made under	further certi oath; that I a	fy that the in	nformation or director
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 accuracy, with all other like empowered.									