

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90171 008 ***150.00

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1. Entity Name
NINJA, CORP.



Principal Place of Business
9838 US 19
PORT RICHEY, FL 34668 US

Mailing Address
9838 US 19
PORT RICHEY, FL 34668

2. Principal Place of Business - No P.O. Box #

7045 Ridge Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242007

Chg-P

CR2E034 (12/06)

City & State
Port Richey, FL

City & State

4. FEI Number
59-3396164

Applied For
Not Applicable

Zip
34668

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELIAS, ELIZABETH
2419 COMMACK COURT
NEW PORT RICHEY, FL 34655

Name
ELIAS, ELIZABETH

Street Address (P.O. Box Number is Not Acceptable)

7045 Ridge Rd

City Port Richey FL Zip Code 34668

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 *Elizabeth Elias*

2-1-07

Signature, typed and printed name of registered agent and fee if applicable.

(NOTE: Registered Agent's signature is required when registering.)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME ELIAS, ELIZABETH
STREET ADDRESS 9838 US 19
CITY-ST-ZIP PORT RICHEY, FL

TITLE P ☒ Change ☐ Addition
NAME ELIAS, ELIZABETH
STREET ADDRESS 7045 Ridge Rd
CITY-ST-ZIP Port Richey FL 34668

TITLE V ☐ Delete
NAME ELIAS, HANI
STREET ADDRESS 2419 COMMACK COURT
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE V ☒ Change ☐ Addition
NAME ELIAS, HANI
STREET ADDRESS 7045 Ridge Rd
CITY-ST-ZIP Port Richey, FL 34668

TITLE T ☐ Delete
NAME STOWELL, TERESA
STREET ADDRESS 11115 TAFT DR.
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Statute; 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: *Elizabeth Elias*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 1, 2007 727 842-9146
Date Daytime Phone #