2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State
04-16-2008 90034 008 ***150.00

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1. Entity Name
NINJA, CORP.

01102008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
7045 RIDGE RD PORT RICHEY, FL 34668 US	9838 US 19 PORT RICHEY, FL 34668

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9805 LAKESIDE LN	9805 LAKESIDE LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Richey, FL	City & State: Port Richey, FL
Zip: 34668 Country: USA	Zip: 34668 Country: USA

4. FEI Number: 59-3396164 ☐ Applied For ☐ Not Applicable

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 7045 RIDGE RD PORT RICHEY, FL 34668	Name: ELIAS, ELIZABETH Street Address (P.O. Box Number is Not Acceptable): 9805 LAKESIDE LN 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 4-12-08
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ELIAS, ELIZABETH 7045 RIDGE RD PORT RICHEY, FL 34668	☐ Delete	P ELIAS, ELIZABETH 9805 LAKESIDE LN Port Richey, FL 34668	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ELIAS, HANI 7045 RIDGE RD PORT RICHEY, FL 34668	☐ Delete	V ELIAS, HANI 9805 LAKESIDE LN Port Richey, FL 34668	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STOWELL, TERESA 11115 TAFT DR. PORT RICHEY, FL 34668	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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.

Elizabeth Elias