2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000051675 FILED FLORIDA, JULIE, INCORPORATED 09 JAN 22 AM 9: 57 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 5315 16TH ST N 5315 16TH ST N ST. PETERSBURG, FL 33703 US ST. PETERSBURG, FL 33703 US 04032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3452708 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PHOUY, WAN DO NOT WRITE 5315 16TH STREET, NORTH ST. PETERSBURG, FL 33703 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution Added to Fees After May 1, 2009 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PTDS** TITLE PHOUY, WAN STREET ADDRESS 5315 16TH ST N ST PETERSBURG, FL 33703 CITY - ST - ZIP 600142093026 01/27/09--01005--006 **158.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE NAME STREET ADDRESS `-ÇITY-ST-ZIP TITL NAME STREET ADDRESS CITY-ST-ZIP **ETLE**

12. There is certify that the information supplied with this filling 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 cocoration 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, if on an attachment with an address, with all other like empowered.

SIGNATURE:

NA/F, STREE-ADDRESS CITY-ST-3P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-09

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