


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90007 006 ***150.00

DOCUMENT # P97000056230 1. Entity Name INTERCHANGE THIRTY-TWO, INC.					
Principal Place of Business 3005 CARING WAY A PORT CHARLOTTE, FL 33952 US			Mailing Address 3005 CARING WAY A PORT CHARLOTTE, FL 33952 US		
2. Principal Place of Business - No P.O. Box # 4161 Tamiami Trail Suite, Apt. #, etc. Suite 501		3. Mailing Address 4161 Tamiami Trail Suite, Apt. #, etc. Suite 501			
City & State Zip 		City & State Zip 		4. FEI Number 65-0791955 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03172008 Chg-P CR2E034 (12/06)			
6. Name and Address of Current Registered Agent LORICCO, CARLO J 3005 CARING WAY A PORT CHARLOTTE, FL 33952			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4161 Tamiami Trail, Suite 501 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD LORICCO, CARLO J <input type="checkbox"/> Delete 3005 CARING WAY SUITE A PT. CHARLOTTE, FL 33952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4161 Tamiami Trail, Suite 501	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, DENNIS <input type="checkbox"/> Delete 300 CAPSTAN DR. PLACIDA, FL 33946		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/24/08 941-629-1197 <small>Date Daytime Phone #</small>		