


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 AM
Secretary of State


DOCUMENT # P99000007434

1. Entity Name
ABOUT FACE SISU, INC.



Principal Place of Business 112 ELLIOTT LANE WINTER HAVEN, FL 33884	Mailing Address 112 ELLIOTT LANE WINTER HAVEN, FL 33884
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DO NOT WRITE IN THIS SPACE



03022008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3557869	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PALOMAKI, JARMO
 112 ELLIOTT LANE
 WINTER HAVEN, FL 33884**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

1000000869270

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PALOMAKI, JARMO M
STREET ADDRESS	112 ELLIOTT LANE
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D
NAME	PALOMAKI, JACQUE L
STREET ADDRESS	112 ELLIOTT LANE
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

04/09/08-80002-011-150.00

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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: JARMO PALOMAKI **3-20-08** **863-206-5022**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #