
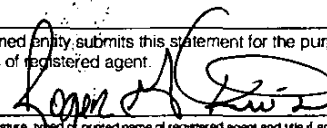
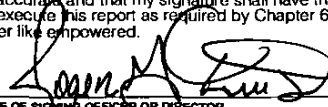


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90019 010 \*\*\*150.00

<b>DOCUMENT # P99000036494</b>			
1. Entity Name <b>FRUITS RELOCATION NETWORK, INC.</b>			
Principal Place of Business <b>12 WEST ORANGE ST. TARPON SPRINGS, FL 34689</b>		Mailing Address <b>12 WEST ORANGE ST. TARPON SPRINGS, FL 34689</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>FRUITS, ROGER G 2348 OVERVIEW DRIVE NEW PORT RICHEY, FL 34655</b>		7. Name and Address of New Registered Agent Name <b>Fruits, Roger G.</b> Street Address (P.O. Box Number is Not Acceptable) <b>12 W. Orange Street</b> City <b>Tarpon Springs FL 34689</b>	
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  <b>Roger G. Fruits</b> <b>4-07-2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>D</b> <b>FRUITS, ROGER G</b> <b>2348 OVERVIEW DRIVE</b> <b>NEW PORT RICHEY, FL 34655</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Fruits, Roger G.</b> <b>12 W. Orange Street</b> <b>Tarpon Springs, FL 34689</b> <input checked="" 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
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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. <b>Roger G. Fruits</b> <b>SIGNATURE:</b>  <b>4-07-2008 727-938-1700</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			



04072008 Chg-P CR2E034 (12/06)

4. FEI Number **59-3572376** Applied For  Not Applicable

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