

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # S76427**

1. Entity Name  
**SELF-CREATED UNIVERSE, INC.**



Principal Place of Business  
**P.O. BOX 764  
MELBOURNE, FL 32902-0764 US**

Mailing Address  
**P.O. BOX 764  
MELBOURNE, FL 32902-0764 US**



05022008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|  |  |
|--|--|
| 4. FEI Number<br><b>58-1988364</b>                                   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

**6. Name and Address of Current Registered Agent**

**NORMILE, HUBERT C. JR.  
1499 S. HARBOR CITY BLVD.  
#303  
MELBOURNE, FL 32901**

**DO NOT WRITE  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U00000850556  
06/03/08-80073-003 158.75  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

|                |                      |
|----------------|----------------------|
| TITLE          | DPS                  |
| NAME           | TERRY, BRUCE F.      |
| STREET ADDRESS | 52 WEST LAKEWOOD ST. |
| CITY- ST- ZIP  | PATCHOGUE, NY        |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
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| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |

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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Bruce F. Terry*  
MAY/2/08

Date

Daytime Phone #