

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V24933

Entity Name: NULAB, INC.

FILED  
Jan 07, 2009  
Secretary of State

**Current Principal Place of Business:**

2180 CALUMET ST.  
CLEARWATER, FL 33765 US

**New Principal Place of Business:**

2161 LOGAN ST.  
CLEARWATER, FL 33765 US

**Current Mailing Address:**

2180 CALUMET ST.  
CLEARWATER, FL 33765 US

**New Mailing Address:**

2161 LOGAN ST.  
CLEARWATER, FL 33765 US

FEI Number: 59-3114901

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LYONS, GARY W  
311 S. MISSOURI AVE  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: JOHANSSON, HAKAN  
Address: 2180 CALUMET ST.  
City-St-Zip: CLEARWATER, FL 33765

Title: S ( ) Delete  
Name: JOHANSSON, GABRIELA  
Address: 519 CLEVELAND ST 101  
City-St-Zip: CLEARWATER, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: JOHANSSON, GABRIELA  
Address: 2180 CALUMET ST.  
City-St-Zip: CLEARWATER, FL 33765

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE COLON

FM

01/07/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date