

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90887 024 ***150.00

DOCUMENT # P01000108048
1. Entity Name 3 Wishes Incorporated

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7321 Cheryl Ct. 3. Mailing Address 7321 Cheryl Ct.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Mobile, AL City & State Mobile, AL 4. FEI Number 04-3652158 Applied For Not Applicable
Zip 36695 Country Mobile Zip 36695 Country Mobile 5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name John Purdell
Street Address (P.O. Box Number is Not Acceptable) 2970 Coonbottom Point
City Ponce de Leon FL Zip Code 32455

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.

SIGNATURE Bill P. Flowers DATE 4/29/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) **January 1 - May 1 Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P Bill Flowers 7321 Cheryl Ct. Mobile, AL 36695</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VS John Purdell 17811 Valerio St. Reseda, CA 91335</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VT Eun Joo Hur 17811 Valerio St. Reseda, CA 91335</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with or without other like empowerment.

SIGNATURE: Bill P. Flowers Bill Flowers DATE 4/29/02 Daytime Phone # 251-605-8277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)