

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P27234

1. Entity Name
BUTH NA-BODHAIGE, INC.



Principal Place of Business
**5036 ONE WORLD WAY
WAKE FOREST, NC 27588**

Mailing Address
**5036 ONE WORLD WAY
WAKE FOREST, NC 27588**



01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-2883487

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DELUKE, JACKIE
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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)

DATE

**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**

**U000000830994
02/26/08-80105-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SAUNDER, PETER
WATERSMEED LITTLE HAMPTON
WEST SUSSEX, UK 8N1-7LS**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MATTOON, KIMBERLY
5036 ONE WORLD WAY
WAKE FOREST, NC 27587**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
RIDER, PETER
5036 ONE WORLD WAY
WAKE FOREST, NC 27596**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BELLAMY, ADRIEN
WATERSMEAD LITTLEHAMPTON
WEST SUSSEX, UK 8n176ls**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALVEY, ANDREA
WATERSMEAD LITTLEHAMPTON
WEST SUXSES., UK bn176ls**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
BORUM, ANTHEA
5036 ONE WORLD WAY
WAKE FOREST, NC 27587**

**DO NOT WRITE
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:

Kimberly S Mattoon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3008

Date

919-5548379

Daytime Phone #