

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 448095

FILED
Feb 20, 2009
Secretary of State

Entity Name: COMMODITY SYSTEMS, INC.

Current Principal Place of Business:

200 W PALMETTO PK RD STE 200
BOCA RATON, FL 33432

New Principal Place of Business:

200 W PALMETTO PK RD
STE 200
BOCA RATON, FL 33432

Current Mailing Address:

200 W PALMETTO PK RD STE 200
BOCA RATON, FL 33432

New Mailing Address:

200 W PALMETTO PK RD
STE 200
BOCA RATON, FL 33432

FEI Number: 59-1524976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PELLETIER, ROBERT C
200 W PALMETTO PK RD STE 200
BOCA RATON, FL 33432 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: VD () Delete
Name: FERAN, MICHAEL T,
Address: 1221 SW 19 AVE
City-St-Zip: BOCA RATON, FL

Title: PD () Delete
Name: PELLETIER, ROBERT C,
Address: 7074 NW 63RD WAY
City-St-Zip: PARK BEND, FL 33067

Title: TSD () Delete
Name: SULLIVAN, FRAN,
Address: 521 N. RIVERSIDE DR
City-St-Zip: POMPANO BCH., FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TSD (X) Change () Addition
Name: SULLIVAN, FRAN,
Address: 521 N. RIVERSIDE DR
City-St-Zip: POMPANO BCH., FL 33062

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: FRANCES SULLIVAN

TSD

02/20/2009

Electronic Signature of Signing Officer or Director

_____ Date