

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000554

FILED
Apr 23, 2009
Secretary of State

Entity Name: DISPENSING SOLUTIONS, INC.

Current Principal Place of Business:

3000 WEST WARNER AVENUE
SANTA ANA, CA 92704

New Principal Place of Business:

Current Mailing Address:

3000 WEST WARNER AVENUE
SANTA ANA, CA 92704

New Mailing Address:

FEI Number: 33-0953266 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DRIVE
SUITE A
TALLAHASSEE, FL 32301 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: CEO () Delete
Name: BRYANT, GUY
Address: 1903 S BENDELOW TRAIL
City-St-Zip: TAMPA, FL 33629

Title: V () Delete
Name: WOLPOW, RICHARD
Address: 408 40TH STREET
City-St-Zip: NEWPORT BEACH, CA 92663

Title: D () Delete
Name: DRISLANE, DENNIS
Address: 15 CYPRESS POINT LANE
City-St-Zip: NEWPORT BEACH, CA 92660

Title: D () Delete
Name: SAFIER, JACOB
Address: 626 OAK DRIVE
City-St-Zip: FAR ROCKAWAY, NY 11691

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: WOLPOW, RICHARD
Address: 408 40TH STREET
City-St-Zip: NEWPORT BEACH, CA 92663

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

Title: D (X) Change () Addition
Name: ANDERSON, BRIAN
Address: 100 SOUTH ASHLEY DRIVE, SUITE 650
City-St-Zip: TAMPA, FL 33602

Title: D () Change (X) Addition
Name: BLUE, HAROLD
Address: 100 SOUTH ASHLEY DRIVE, SUITE 650
City-St-Zip: TAMPA, FL 33602

Title: D () Change (X) Addition
Name: DINGLE, PHIL
Address: 100 SOUTH ASHLEY DRIVE, SUITE 650
City-St-Zip: TAMPA, FL 33602

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: RALPH NELSON

Electronic Signature of Signing Officer or Director

CFO

04/23/2009

_____ Date