2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G58824

Entity Name: REIMELT CORPORATION

FILED Jan 22, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of I	New Principal Place of Business:	
13330 BYRD DRIVE ODESSA, FL 335565312		13330 BYRD DRIVE ODESSA, FL 335565312	13330 BYRD DRIVE ODESSA, FL 335565312 US	
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
13330 BYRD DRIVE 33556-5312 ODESSA, FL 335565312 US		13330 BYRD DRIVE ODESSA, FL 335565312	13330 BYRD DRIVE ODESSA, FL 335565312 US	
FEI Number: 59-2324237	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Cu	rrent Registered Agent:	Name and Address of N	ew Registered Agent:	
CORPORATION SERVICE 1201 HAYS STREET TALLAHASSEE, FL 32301				
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 Ager	nt	Date	
Election Campaign Financing Trust Fund Contribution ().				

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: Title: PCD () Delete () Change () Addition GESCHKA, RALF Name: Name: 13330 BYRD DRIVE Address: Address: City-St-Zip: ODESSA, FL 335565312 City-St-Zip: Title: () Delete Title: (X) Change () Addition ANDERSON, ROBERT W ANDERSON, ROBERT W Name: Name: Address: 13330 BYRD DRIVE Address: 13330 BYRD DRIVE ODESSA, FL 335565312 US ODESSA, FL 335565312 City-St-Zip: City-St-Zip:

 Title:
 VS
 () Delete
 Title:
 VS
 (X) Change () Addition

 Name:
 IVKOVICH, BRIAN
 Name:
 IVKOVICH, BRIAN

 Address:
 13330 BYRD DRIVE
 Address:
 13330 BYRD DRIVE

City-St-Zip: ODESSA, FL 335565312 City-St-Zip: ODESSA, FL 335565312 US

Title: T () Delete Title: T (X) Change () Addition
Name: KESSLER, UDO Name: KESSLER, UDO

Name: RESSLER, UDO Name: RESSLER, UDO Address: 13330 BYRD DR Address: 13330 BYRD DR

City-St-Zip: ODESSA, FL 335565312 City-St-Zip: ODESSA, FL 335565312 US

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: ROBERT W. ANDERSON CEO 01/22/2009