

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jul 16, 2009
Secretary of State**

DOCUMENT# H65610

Entity Name: SAXON BUSINESS SYSTEMS, INC.

Current Principal Place of Business:

New Principal Place of Business:

14025 NW 60TH AVENUE
MIAMI LAKES, FL 33014 US

Current Mailing Address:

New Mailing Address:

14025 NW 60TH AVENUE
MIAMI LAKES, FL 33014 US

FEI Number: 59-2560595 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL FL33324 US

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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLORIO
Address: 14025 N.W. 60TH AVE
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: P (X) Change () Addition
Name: ABBATE, FLORIO
Address: 14025 N.W. 60TH AVE
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: C () Delete
Name: SHEA, MICHAEL
Address: 3820 NORTHDALE BLVD #200A
City-St-Zip: TAMPA, FL 33624 US

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

Title: S () Delete
Name: PAINE, LAWRENCE
Address: 3820 NORTHDALE BLVD #200A
City-St-Zip: TAMPA, FL 33624 US

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

Title: V () Delete
Name: CAVALLARO, GEORGE
Address: 14025 NW 60TH AVENUE
City-St-Zip: MIAMI LAKES, FL 33014 US

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

Title: T () Delete
Name: MOORE, C. MICHAEL
Address: 3820 NORTHDALE BLVD #200A
City-St-Zip: TAMPA, FL 33624 US

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

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: LAWRENCE PAINE

S

07/16/2009

Electronic Signature of Signing Officer or Director

_____ Date