

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000000488

FILED
Mar 06, 2009
Secretary of State

Entity Name: NUMINOUS, INC.

Current Principal Place of Business:

4600 GABRIELLA LANE
OVIEDO, FL 32765

New Principal Place of Business:

4600 GABRIELLA LANE
OVIEDO, FL 32765 US

Current Mailing Address:

PO BOX 217
WINTER PARK, FL 327900217

New Mailing Address:

FEI Number: 59-3693508 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CREASMAN, CARL E JR
2013 KIMBRACE PLACE
WINTER PARK, FL 32792 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: D () Delete
Name: CREASMAN, CARL E JR
Address: 2013 KIMBRACE PLACE
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: CREASMAN, KIM
Address: 2013 KIMBRACE PLACE
City-St-Zip: WINTER PARK, FL 32792 US

Title: D () Delete
Name: AEDO, JOHN
Address: 2832 REVERE COURT
City-St-Zip: CASSELBERRY, FL 32707 US

Title: D () Delete
Name: KUTCHER, CHRIS
Address: 5032 CARNEGIE LANE #104
City-St-Zip: SANFORD, FL 32771 US

Title: D () Delete
Name: PORTER, MATTHEW E
Address: 1875 SHADYHILL TERRACE
City-St-Zip: WINTER PARK, FL 32792 US

Title: D () Delete
Name: DELANEY, CHRISTOPHER
Address: 200 MAITLAND AVE., UNIT #201
City-St-Zip: ALTAMONTE SPRINGS, FL 32707 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: KUTCHER, CHRIS
Address: 2032 COURTYARD LOOP, APT. 104
City-St-Zip: SANFORD, FL 32771 US

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

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: CARL E. CREASMAN, JR.

D

03/06/2009

Electronic Signature of Signing Officer or Director

_____ Date