

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000045195

FILED
Apr 29, 2008
Secretary of State

Entity Name: N2REVOLUTION, INC.

Current Principal Place of Business:

523 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33325

New Principal Place of Business:

Current Mailing Address:

523 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33325

New Mailing Address:

FEI Number: 42-1663520 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEARL, ROBIN A
523 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33325 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: P () Delete
Name: PEARL, ROBIN A
Address: 523 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33328 US

Title: VP () Delete
Name: ROACH, JAMES
Address: 523 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33325 US

Title: VP () Delete
Name: CLAWSON, JON
Address: 523 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33325 US

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PEARL, ROBIN A
Address: 523 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33328 US

Title: CFO (X) Change () Addition
Name: JESCHKE, JAMES M
Address: 523 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33325 US

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

Title: C () Change (X) Addition
Name: COHEN, STEPHEN R
Address: 523 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33325 US

Title: D () Change (X) Addition
Name: ROBERTSON, JEFFREY
Address: 523 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33325 US

Title: D () Change (X) Addition
Name: ROSEN, MARVIN
Address: 523 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33325 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: JAMES M. JESCHKE

CFO

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date