

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000091748

FILED
May 28, 2009
Secretary of State

Entity Name: OTHERSIDE INK CORPORATION

Current Principal Place of Business:

2208 EL JOBEAN RD
SUITE#3
PORT CHARLOTTE, FL 33948 US

New Principal Place of Business:

New Mailing Address:

2208 EL JOBEAN RD
SUITE#3
PORT CHARLOTTE, FL 33948 US

Current Mailing Address:

21039 BAFFIN AVE
PORT CHARLOTTE, FL 33954 US

FEI Number: 77-0663483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMOLDT, LISA
21039 BAFFIN AVE.
PORT CHARLOTTE, FL 33954 US

Name and Address of New Registered Agent:

SCHMOLDT, LISA
312 MAGENTA ST
PORT CHARLOTTE, FL 33954 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: LISA SCHMOLDT 05/28/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: SCHMOLDT, LISA
Address: 21039 BAFFIN AVE
City-St-Zip: PORT CHARLOTTE, FL 33954 US

Title: P () Delete
Name: SCHMOLDT, LISA
Address: 21039 BAFFIN AVE
City-St-Zip: PORT CHARLOTTE, FL 33954 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: SCHMOLDT, LISA
Address: 312 MAGENTA ST
City-St-Zip: PORT CHARLOTTE, FL 33954 US

Title: P (X) Change () Addition
Name: SCHMOLDT, LISA
Address: 312 MAGENTA ST
City-St-Zip: PORT CHARLOTTE, FL 33954 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: LISA SCHMOLDT P 05/28/2009

Electronic Signature of Signing Officer or Director Date