

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001312

Entity Name: 401KEXCHANGE, INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

2230 JOG ROAD
GREENACRES, FL 33415 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16428
WEST PALM BEACH, FL 33416 US

New Mailing Address:

FEI Number: 62-1725131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANGELL CORPORATE SERVICES
ONE NORTH CLEMATIS STREET
SUITE 400
WEST PALM BEACH, FL 33401 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: PCEO () Delete
Name: BARSTEIN, FREDERICK D
Address: 2230 JOG ROAD
City-St-Zip: GREENACRES, FL 33415

Title: ST () Delete
Name: BARSTEIN, DIANE N
Address: 2230 JOG ROAD
City-St-Zip: GREENACRES, FL 33415

Title: COO () Delete
Name: MYSEL, RANDY H
Address: 2230 JOG ROAD
City-St-Zip: GREENACRES, FL 33415

Title: D () Delete
Name: BRILL, ROBERT M
Address: 2230 JOG ROAD
City-St-Zip: GREENACRES, FL 33415

Title: D () Delete
Name: GETSY, STEPHEN J
Address: 2230 JOG ROAD
City-St-Zip: GREENACRES, FL 33415

Title: D () Delete
Name: HEINSMA, DAVID
Address: 2230 JOG ROAD
City-St-Zip: GREENACRES, FL 33415

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: () Change () Addition
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City-St-Zip:

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: DIANE BARSTEIN

ST

04/27/2009

Electronic Signature of Signing Officer or Director

Date