## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000139837

Entity Name: INGENUITY, INC.

FILED May 15, 2009 Secretary of State

1524 SW 13TH CT

POMPANO BEACH, FL 33069

Current Mailing Address: New Mailing Address:

1524 SW 13TH CT POMPANO BEACH, FL 33069

FEI Number: 30-0218491 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:

WALMSLEY, SCOTT WALMSLEY, SCOTT 5827 CORPORATE WAY 1524 SW 13TH COURT

W PALM BEACH, FL 33407 US POMPANO BEACH, FL 33069 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: JOHN KOLB 05/15/2009

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:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. ( ) Delete Title: MR. (X) Change ( ) Addition

Name: WATERS, ROBERT Name: WASP, MIKE

 Address:
 2436 SE 9TH ST
 Address:
 16526 OFFENHAUR ROAD

 City-St-Zip:
 POMPANO BEACH, FL 33062 US
 City-St-Zip:
 ODESSA, FL 33556 US

Title: MR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MARTIN, LESLIE E
 Name:

 Address:
 16 SLOANS CURVE DRIVE
 Address:

 City-St-Zip:
 PALM BEACH, FL 33480 US
 City-St-Zip:

Title: ( ) Delete Title: MR. ( ) Change (X) Addition

Name: Name: KOLB, JOHN P

Address: Address: 6440 COUNTRY FAIR CIRCLE
City-St-Zip: City-St-Zip: BOYNTON BEACH, FL 33437

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: JOHN KOLB MR. 05/15/2009