

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000077650

**Entity Name:** BLOOMINGDALE BIOMETRICS COMPANY

**Current Principal Place of Business:**

1094 BLOOMINGDALE AVE.  
VALRICO, FL 33596

**Current Mailing Address:**

1094 BLOOMINGDALE AVE.  
VALRICO, FL 33596

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WALSTON, JOEL  
1094 BLOOMINGDALE AVE  
VALRICO, FL 33596 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            WALSTON, JOEL N  
Address        1094 BLOOMINGDALE AVE.  
City-State-Zip: VALRICO FL 33596

Title            VP  
Name            WALSTON, SHERRI  
Address        1094 BLOOMINGDALE AVE  
City-State-Zip: VALRICO FL 33596

*I hereby 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 all other like empowered.*

**SIGNATURE:** SHERRI WALSTON

VP

04/17/2013

Electronic Signature of Signing Officer/Director Detail

Date