

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000001706

**FILED**  
**Aug 11, 2016**  
**Secretary of State**  
**CC1812161357**

**Entity Name:** PARTNERING IN INNOVATION, INC.

**Current Principal Place of Business:**

14122 CHICORA CROSSING BLVD  
ORLANDO, FL 32828

**Current Mailing Address:**

3391 MARBON MEADOWS LANE  
JACKSONVILLE, FL 32223 US

**FEI Number:** 45-4231925

**Certificate of Status Desired:** Yes

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

BUSINESS FILINGS INCORPORATED  
515 E PARK AVE  
TALLAHASSEE, FL 32301 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 PC  
Name O'NEIL, KATHLEEN  
Address 14122 CHICORA CROSSING BLVD  
City-State-Zip: ORLANDO FL 32828

Title VP  
Name BLOUNT, GERALD  
Address 647 MEALING ROAD NORTH  
City-State-Zip: AUGUSTA SC 29860-8963

Title ST  
Name O'NEIL, KATHLEEN  
Address 14122 CHICORA CROSSING BLVD  
City-State-Zip: ORLANDO FL 32828

*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:** KATHLEEN O'NEIL

**PRESIDENT/CEO**

**08/11/2016**

Electronic Signature of Signing Officer/Director Detail

Date