

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 471640

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: OFFICE AUTOMATION, INC.

**Current Principal Place of Business:**

776 BENNETT DRIVE  
SUITE 105  
LONGWOOD, FL 32750 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 520546  
LONGWOOD, FL 327520546 US

**New Mailing Address:**

FEI Number: 59-1584434

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BARRY L MELNICK  
1185 PALLISTER LANE  
HEATHROW, FL 32746 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: PSD ( ) Delete  
Name: MELNICK, BARRY,  
Address: 776 BENNETT DR, STE 105  
City-St-Zip: LONGWOOD, FL 32750 US

Title: VPD ( ) Delete  
Name: MELNICK, RANDY,  
Address: 776 BENNETT DR. STE 105  
City-St-Zip: LONGWOOD, FL 32750 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: BARRY L MELNICK

PSD

03/19/2009

Electronic Signature of Signing Officer or Director

Date