

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004450

Entity Name: BLUE FROG SOLUTIONS, INC.

FILED  
Mar 19, 2009  
Secretary of State

## Current Principal Place of Business:

555 S. ANDREWS AVE.  
SUITE 202  
POMPANO BEACH, FL 33069

## New Principal Place of Business:

## Current Mailing Address:

555 S. ANDREWS AVE.  
SUITE 202  
POMPANO BEACH, FL 33069

## New Mailing Address:

FEI Number: 36-4346616      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ADAMS, DALE E  
555 S. ANDREWS AVE., #202  
POMPANO BEACH, FL 33069      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: CEO ( ) Delete  
Name: SMITH, DAN R  
Address: 555 S. ANDREWS AVE., STE 202  
City-St-Zip: POMPANO BEACH, FL 33069

Title: CFO ( ) Delete  
Name: GILLIAM, JOHN  
Address: 555 S. ANDREWS AVE., STE 202  
City-St-Zip: POMPANO BEACH, FL 33069

Title: DIR ( ) Delete  
Name: MCINERNEY, JOHN  
Address: 555 S ANDREWS AVE., STE 202  
City-St-Zip: POMPANO BEACH, FL 33069

Title: DIR ( ) Delete  
Name: GABRIELE, NEIL  
Address: 555 S ANDREWS AVE., STE 202  
City-St-Zip: POMPANO BEACH, FL 33069

Title: DIR ( ) Delete  
Name: PERNICANO, CHRISTOPHER J  
Address: 2590 NE 43RD STREET  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: DIR ( ) Delete  
Name: OROS, ROBERT  
Address: 9785 TOWNE CENTRE DRIVE  
City-St-Zip: SAN DIEGO, CA 92121

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO (X) Change ( ) Addition  
Name: HOROWITZ, MARC  
Address: 555 S. ANDREWS AVE., STE 202  
City-St-Zip: POMPANO BEACH, FL 33069

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  
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: DAN R SMITH

CEO

03/19/2009

Electronic Signature of Signing Officer or Director

Date