

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004988

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: BUDGETEXT CORPORATION

## Current Principal Place of Business:

P.O. BOX 1487  
FAYETTEVILLE, AR 727021487

## New Principal Place of Business:

1936 N SHILOH DR  
FAYETTEVILLE, AR 72704

## Current Mailing Address:

P.O. BOX 1487  
FAYETTEVILLE, AR 727021487

## New Mailing Address:

1936 N SHILOH DR  
FAYETTEVILLE, AR 72704

FEI Number: 71-0654575

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDERS, STERLING P  
13601 PERDIDO KEY DR #1-15B  
PENSACOLA, FL 32507 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: P (X) Delete  
Name: MICHAEL, HANSEN  
Address: 1936 N. SHILOH  
City-St-Zip: FAYETTEVILLE, AR 72704

Title: C ( ) Delete  
Name: ANDERS, STERLING P  
Address: 13601 PERDIDO KEY DR., #1-15B  
City-St-Zip: PENSACOLA, FL 32507

Title: ST ( ) Delete  
Name: ANDERS, MOLLY  
Address: 1936 N. SHILOH DR  
City-St-Zip: FAYETTEVILLE, AR 72704

Title: T ( ) Delete  
Name: WILLIAMS, PAUL  
Address: 1936 N. SHILOH DR  
City-St-Zip: FAYETTEVILLE, AR 72704

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PAUL WILLIAMS

CFO

01/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date