

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002177

FILED
Jan 15, 2009
Secretary of State

Entity Name: SUSPENDED ANIMATION, INC.

Current Principal Place of Business:

3020 HIGH RIDGE ROAD
SUITE #300
BOYNTON BEACH, FL 33426 US

New Principal Place of Business:

Current Mailing Address:

3020 HIGH RIDGE ROAD
SUITE #300
BOYNTON BEACH, FL 33426 US

New Mailing Address:

FEI Number: 46-0466303 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KINGSTON, KELLY
3020 HIGH RIDGE ROAD
SUITE #300
BOYNTON BEACH, FL 33426 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: CPD () Delete
Name: KENT, SAUL
Address: 3100 N. OCEAN DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: S () Delete
Name: KENT, SAUL
Address: 3100 N. OCEAN DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: TCFO () Delete
Name: KINGSTON, KELLY
Address: 3020 HIGH RIDGE ROAD, SUITE 300
City-St-Zip: BOYNTON BEACH, FL 33426

Title: CEO () Delete
Name: KENT, SAUL
Address: 3100 N. OCEAN DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33308

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: KELLY KINGSTON

CFO

01/15/2009

Electronic Signature of Signing Officer or Director

Date