2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006580

City-St-Zip:

COFFEYVILLE, KS 673370251

FILED Apr 20, 2009 Secretary of State

Entity Name: DARWIN INDUSTRIES, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
P.O. BOX 251 COFFEYVILLE, KS 673370251			N HWY 169 COFFEYVILLE, KS 6	N HWY 169 COFFEYVILLE, KS 67337	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX 2 COFFEYV	251 ILLE, KS 6733	370251			
FEI Number:	48-1169386	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
FIELMAN, GARY T 1107 WEST MARION AVENUE, STE. 112 PUNTA GORDA, FL 33950 US			FILEMAN, GARY T 1107 WEST MARION PUNTA GORDA, FL	FILEMAN, GARY T 1107 WEST MARION AVENUE, STE. 112 PUNTA GORDA, FL 33950 US	
The above in the State		submits this statement for the pu	rpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE: GARYTI	FILEMAN		04/20/2009	
	Electror	ic Signature of Registered Ager	nt	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PITTS, CARY D P.O. BOX 251	Delete KS 673370251	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FROELICH, KE P.O. BOX 251	Delete LLY S . KS 673370251	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S () PITTS, STEVE P.O. BOX 251	Delete	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: CARY D PITTS **PCD** 04/20/2009