

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003685

Entity Name: DATAGRID, INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

1022 NW 2ND ST.
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

PO BOX 5037
GAINESVILLE, FL 32627

New Mailing Address:

FEI Number: 59-3675390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUSTAFSON, BO
1022 NW 2ND ST.
GAINESVILLE, FL 32601 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: CD () Delete
Name: FALESCHINI, FEDERICO
Address: 1022 NW 2ND ST.
City-St-Zip: GAINESVILLE, FL 32601

Title: P () Delete
Name: GUSTAFSON, BO A.S.
Address: 1022 NW 2ND ST.
City-St-Zip: GAINESVILLE, FL 32601

Title: S () Delete
Name: GUSTAFSON, AKE S
Address: 1022 NW 2ND ST.
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: GUSTAFSON, ELSA
Address: 1022 NW 2ND ST.
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: GUSTAFSON, LARS
Address: 1022 NW 2ND ST.
City-St-Zip: GAINESVILLE, FL 32601

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:

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: GUSTAFSON BO

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date