2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# F06000005602

Entity Name: SOCIETY FOR CREATIVE ANACHRONISM INCORPORATED

Current Principal Place of Business:

1759 S MAIN ST STE 108
MILIPITAS, CA 95035

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 360789
MILPITAS, CA 95036

New Mailing Address:

FEI Number: 94-1698556 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: SIMON, HAL
Address: 1759 S MAIN ST STE 108
City-St-Zip: MILIPITAS, CA 95035

Title: VC ( ) Delete
Name: BROWN, JEFF
Address: 1759 S MAIN ST STE 108
City-St-Zip: MILIPITAS, CA 95035

Title: D ( ) Delete
Name: LLOYD, AARON
Address: 1759 S MAIN ST STE 108
City-St-Zip: MILIPITAS, CA 95035

Title: D ( ) Delete
Name: ENGLISH, HEATHER
Address: 1759 S MAIN ST STE 108
City-St-Zip: MILIPITAS, CA 95035

Title: P ( ) Delete
Name: ANDERSON, PATRICK
Address: 1759 S MAIN ST STE 108
City-St-Zip: MILIPITAS, CA 95035

Title: V ( ) Delete
Name: REED, GEORGE
Address: 1759 S MAIN ST STE 108
City-St-Zip: MILIPITAS, CA 95035

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VC (X) Change ( ) Addition
Name: LLOYD, MARILEE
Address: 1759 S MAIN ST STE 108
City-St-Zip: MILIPITAS, CA 95035

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RENEE SIGNOROTTI SEC 01/14/2009

Electronic Signature of Signing Officer or Director — Date