

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005812

FILED  
Jan 11, 2009  
Secretary of State

Entity Name: TECHOP SOLUTIONS INTERNATIONAL, INC.

## Current Principal Place of Business:

167 CHERRY HILL DR  
STAFFORD, VA 225543654

## New Principal Place of Business:

167 CHERRY HILL DR  
STAFFORD, VA 22556

## Current Mailing Address:

167 CHERRY HILL DR  
STAFFORD, VA 225543654

## New Mailing Address:

167 CHERRY HILL DR  
STAFFORD, VA 22556

FEI Number: 20-3903916

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLE, CRAWFORD  
13880 MANDARIN RD  
JACKSONVILLE, FL 32223 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: CEO ( ) Delete  
Name: COLE, RAYMOND  
Address: 167 CHERRY HILL DR  
City-St-Zip: STAFFORD, VA 225543654

Title: DIR ( ) Delete  
Name: COLE, CRAWFORD  
Address: 13880 MANDARIN RD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: CFO ( ) Delete  
Name: COLE, CRAWFORD  
Address: 13880 MANDARIN RD  
City-St-Zip: JACKSONVILLE, FL 32223

## 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:

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: CRAWFORD L. COLE

DIR

01/11/2009

Electronic Signature of Signing Officer or Director

Date