

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000017

**FILED**  
**Jun 23, 2011**  
**Secretary of State**

**Entity Name:** PAYLOAD INTEGRATION COMPANY

**Current Principal Place of Business:**

821 LAKE PORT BLVD. G-512  
LEESBURG, FL 34748

**New Principal Place of Business:**

821 LAKE PORT BLVD.  
SUITE G512  
LEESBURG, FL 34748

**Current Mailing Address:**

821 LAKE PORT BLVD. G-512  
LEESBURG, FL 34748

**New Mailing Address:**

821 LAKE PORT BLVD.  
SUITE G512  
LEESBURG, FL 34748

**FEI Number:** 76-0417295

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RYAN, JOSEPH L  
821 LAKE PORT BLVD. G-512  
LEESBURG, FL 34748 US

**Name and Address of New Registered Agent:**

RYAN, JOSEPH L  
821 LAKE PORT BLVD.  
SUITE G512  
LEESBURG, FL 34748 US

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: JOSEPH L. RYAN

06/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: JOHANNSON, DOROTHY  
Address: 821 LAKE PORT BLVD. G-512  
City-St-Zip: LEESBURG, FL 34748

Title: SDT  
Name: JOHANNSON, HANS  
Address: 821 LAKE PORT BLVD. G-512  
City-St-Zip: LEESBURG, FL 34748

Title: TREA  
Name: RYAN, JOSEPH L  
Address: 821 LAKE PORT BLVD S-402  
City-St-Zip: LEESBURG, FL 34748

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH L. RYAN

MR.

06/23/2011

Electronic Signature of Signing Officer or Director

Date