2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# F07000004905

Entity Name: PARINGENIX, INC.

Current Principal Place of Business:

1792 BELL TOWER LANE
WESTON, FL 33326

New Principal Place of Business:

1792 BELL TOWER LANE
SUITE 200
WESTON, FL 33326

Current Mailing Address:

1792 BELL TOWER LANE
WESTON, FL 33326

New Mailing Address:

1792 BELL TOWER LANE
SUITE 200
WESTON, FL 33326

FEI Number: 41-2035780 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERTRAND, CLAUDE
1792 BELL TOWER LANE
WESTON, FL 33326 US

Name and Address of New Registered Agent:

BERTRAND, CLAUDE
1792 BELL TOWER LANE
SUITE 200
WESTON, FL 33326 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: CLAUDE BERTRAND 02/17/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: MARCUS, STEPHEN G
Address: 1792 BELL TOWER LANE
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete
Name: MARCUS, STEPHEN G
Address: 1792 BELL TOWER LANE
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete
Name: KROEGER, CHRISTOPHER
Address: 1792 BELL TOWER LANE
City-St-Zip: WESTON, FL 33326

Title: V ( ) Delete
Name: ARLEDGE, TERESA
Address: 1792 BELL TOWER LANE
City-St-Zip: WESTON, FL 33326

Title: VCFO ( ) Delete
Name: BERTRAND, CLAUDE
Address: 1792 BELL TOWER LANE
City-St-Zip: WESTON, FL 33326

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: CLAUDE BERTRAND VCFO 02/17/2009
Electronic Signature of Signing Officer or Director Date