2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# F08000000285

Entity Name: ERGOFLEX SYSTEMS, INC.

Current Principal Place of Business:

7400 COLLEGE PARKWAY, UNIT 75C
FT. MYERS, FL 33907

New Principal Place of Business:

1309 NE 3RD TERRACE
CAPE CORAL, FL 33909

Current Mailing Address:

8207 SOUTHPARK CIRCLE
LITTLETON, CO 80120

New Mailing Address:

FEI Number: 84-1174133 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., STE. 4
WESTON, FL 33331 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: P ( ) Delete
Name: CARSON, BARRY R.
Address: 2690 ROCKBRIDGE WAY
City-St-Zip: HIGHLANDS RANCH, CO 80129

Title: VP ( ) Delete
Name: CARSON, KENNETH R.
Address: 6393 S. DEXTER
City-St-Zip: LITTLETON, CO 80121

Title: S ( ) Delete
Name: CARSON, BEVERLY E.
Address: 4917 CHIPPEWA DR.
City-St-Zip: LARKSPUR, CO 80118

Title: T ( ) Delete
Name: CARSON, DAVID R.
Address: 4917 CHIPPEWA DR.
City-St-Zip: LARKSPUR, CO 80118

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:

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: RON JENNEY CONT 04/17/2009

Electronic Signature of Signing Officer or Director — Date