2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001797

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Title:

FILED Jan 09, 2009 Secretary of State

Entity Name: CNI-CON	ISTRUCTION NETWORK, INC).		
Current Principal Place of Business:		New Principal Place o	of Business:	
6009 DALTON FARMER JONESBORO, AR 72404				
Current Mailing Address:		New Mailing Address:		
PO BOX 1654 JONESBORO, AR 72403	3			
FEI Number: 71-0692809	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
REGISTERED AGENTS 155 OFFICE PLAZA DRIV SUITE A TALLAHASSEE, FL 3230	VE			
The above named entity sin the State of Florida.	submits this statement for the p	ourpose of changing its registered	I office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
Election Campaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS	

Title:

(X) Change () Addition

STEM, SEAN STEM, SEAN Name: Name: 1723 EXECUTIVE SQUARE Address: 6009 DALTON FARMER DRIVE Address: City-St-Zip: JONESBORO, AR 72401 City-St-Zip: JONESBORO, AR 72404 Title: VΡ () Delete Title: VΡ (X) Change () Addition KIBLER, RYAN KIBLER, RYAN Name: Name: Address: 1723 EXECUTIVE SQUARE Address: 6009 DALTON FARMER DRIVE JONESBORO, AR 72401 JONESBORO, AR 72404 City-St-Zip: City-St-Zip: Title: Title: () Delete ST (X) Change () Addition Name: STEM, JANICE Name: STEM, JANICE Address: 1723 EXECUTIVE SQUARE Address: 6009 DALTON FARMER DRIVE City-St-Zip: JONESBORO, AR 72401 City-St-Zip: JONESBORO, AR 72404

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: SEAN STEM 01/09/2009 MR