## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F96000002818

Entity Name: ACRYLIFE, INC.

Name:

Address:

City-St-Zip:

JOHNSON, LEÉ H

170 FRANKLIN ST

WYTHEVILLE, VA 24382

FILED Apr 24, 2009 Secretary of State

Current P	rincipal Plac	e of Business:	New Prin	New Principal Place of Business:		
PO BOX 8	FFORD UMBE 03 LLE, VA 2438			1165 STAFFORD UMBERGER DR WYTHEVILLE, VA 24382		
Current M	ailing Addre	ss:	New Mail	New Mailing Address:		
PO BOX 8	FFORD UMBE 03 LLE, VA 2438			1165 STAFFORD UMBERGER DR WYTHEVILLE, VA 24382		
FEI Number:	54-1585046	FEI Number Applied For ( )	FEI Number Not App	olicable ( ) C	ertificate of Status Desired (	)
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
The above	ÖH BLVD. VILLE BEACH	I, FL 32250 US submits this statement for the	purpose of changing	its registered offic	e or registered agent, or	both,
SIGNATUR	RE:					
Electronic Signature of Registered Agent				Date		
Election Car	npaign Financir	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	V ( JOHNSON, LO P.O. BOX 108 BLACKSBURG	14	Title: Name: Address: City-St-Zip:	( ) Ch	nange ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( JOHNSON, CH 170 E FRANKI WYTHEVILLE,	LIN ST	Title: Name: Address: City-St-Zip:	P (X) CH JOHNSON, CHARL 170 E FRANKLIN S WYTHEVILLE, VA	ST	
Title:	S (	) Delete	Title:	( ) Ch	nange ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHARLES S. JOHNSON PRES 04/24/2009