

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000073

Entity Name: FIBERDYNE LABS, INC.

FILED
Feb 03, 2009
Secretary of State

Current Principal Place of Business:

127 BUSINESS PARK DR.
FRANKFORT, NY 13340

New Principal Place of Business:

Current Mailing Address:

127 BUSINESS PARK DR.
FRANKFORT, NY 13340

New Mailing Address:

FEI Number: 16-1468561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CEO () Delete
Name: POLUS, A. PETE
Address: 818 PARK LANE DR.
City-St-Zip: HERKIMER, NY 13350

Title: T () Delete
Name: POLUS, GAIL
Address: 818 PARK LANE DR.
City-St-Zip: HERKIMER, NY 13350

Title: V () Delete
Name: POLUS, CHAD
Address: 740 SPRINGDALE AVE.
City-St-Zip: HERKIMER, NY 13350

Title: V () Delete
Name: POLUS, PETER JR.
Address: 720 SPRINGDALE AVE.
City-St-Zip: HERKIMER, NY 13350

Title: V () Delete
Name: MOSRY, HEATHER
Address: 818 TALSON PARK DRIVE
City-St-Zip: HERKIMER, NY 13350

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: POLUS, A. PETER
Address: 818 PARK LANE DR.
City-St-Zip: HERKIMER, NY 13350

Title: VP (X) Change () Addition
Name: POLUS, GAIL
Address: 818 PARK LANE DR.
City-St-Zip: HERKIMER, NY 13350

Title: VP (X) Change () Addition
Name: POLUS, CHAD
Address: 740 SPRINGDALE AVE.
City-St-Zip: HERKIMER, NY 13350

Title: VP (X) Change () Addition
Name: POLUS, PETER JR.
Address: 720 SPRINGDALE AVE.
City-St-Zip: HERKIMER, NY 13350

Title: VP (X) Change () Addition
Name: MOSNY, HEATHER
Address: 818 TALSON PARK DRIVE
City-St-Zip: HERKIMER, NY 13350

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: A. PETER POLUS

CEO

02/03/2009

Electronic Signature of Signing Officer or Director

Date