

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010361

FILED
Apr 26, 2007
Secretary of State

Entity Name: CODESETS, INC.

Current Principal Place of Business:

13090 CHETS CREEK DRIVE SOUTH
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

13090 CHETS CREEK DRIVE SOUTH
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 20-4517572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANADILO, NIDAL
13090 CHETS CREEK DRIVE SOUTH
JACKSONVILLE, FL 32224 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KANADILO, NIDAL
Address: 13090 CHETS CREEK DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP () Delete
Name: KANADILO, SOUZAN N
Address: 13090 CHETS CREEK DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP () Delete
Name: KANADILO, HUSAM
Address: 13090 CHETS CREEK DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP () Delete
Name: KANADILO, RAMI
Address: 13090 CHETS CREEK DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP () Delete
Name: KANADILO, SARAH
Address: 13090 CHETS CREEK DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NIDAL KANADILO

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date