

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 23, 2009  
Secretary of State**

DOCUMENT# N06000008616

Entity Name: ELECTIONWATCH-FLORIDA, INC.

**Current Principal Place of Business:**

480 SEVERN AVENUE  
TAMPA, FL 33606 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1427  
TAMPA, FL 33606 US

**New Mailing Address:**

FEI Number: 20-5376166      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAMBA, DAVID E  
125 S. GADSDEN STREET  
SUITE 300  
TALLAHASSEE, FL 32301 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: C      ( ) Delete  
Name: HEBERT, JOHN  
Address: P.O. BOX 1427  
City-St-Zip: TAMPA, FL 33606 US

Title: T      ( ) Delete  
Name: CARROLL, KATHLEEN  
Address: 480 SEVERN AVENUE  
City-St-Zip: TAMPA, FL 33606 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: KATHLEEN CARROLL

T

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date