## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000003274

Entity Name: THINK BIOSMART INC.

FILED Jul 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O LYNNE M FELDMAYER 405 TIMAQUAN TRAIL 224 RIVER PARK DR UNIT 13

JUPITER, FL 33477 EDGEWATER, FL 32132

Current Mailing Address: New Mailing Address:

C/O LYNNE M FELDMAYER 224 RIVER PARK DR JUPITER, FL 33477

FEI Number: 26-2518261 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

LIN, JIMMY LIN, JIMMY

630 AIRPORT RD., UNIT 102 PORT ORANGE, FL 32128 US 830 AIRPORT RD., UNIT 102 PORT ORANGE, FL 32128 US

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: JIMMY LIN 07/21/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS () Delete Title: PRES (X) Change () Addition

Name: LIN, JIMMY Name: LIN, JIMMY

 Address:
 600 CLYDE MORRIS BLVD., BOX #142287
 Address:
 830 AIRPORT ROAD UNIT 102

 City-St-Zip:
 DAYTONA BCH, FL 32128
 City-St-Zip:
 PORT ORANGE, FL 32128

Oky-ol-zip. DATTONA BOTI, TE 32120 Oky-ol-zip. TOKT OKANOE, TE 32120

Title: TD ( ) Delete Title: VP (X) Change ( ) Addition Name: FELDMAYER, LYNNE Name: FELDMAYER, SEAN W

Address: 600 CLYDE MORRIS BLVD., BOX #142287 Address: 830 AIRPORT ROAD UNIT 102 City-St-Zip: DAYTONA BCH, FL 32128 City-St-Zip: PORT ORANGE, FL 32128

Title: ( ) Delete Title: CFO ( ) Change (X) Addition

 Name:
 Name:
 FELDMAYER, LYNNE M

 Address:
 Address:
 224 RIVER PARK DRIVE

 City-St-Zip:
 City-St-Zip:
 JUPITER, FL 33477

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: LYNNE M FELDMAYER CFO 07/21/2009