

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011007

FILED  
Feb 10, 2009  
Secretary of State

Entity Name: IGNITE INTERNATIONAL, INC.

## Current Principal Place of Business:

367 PUTNAM LANE  
LAKE MARY, FL 32746

## New Principal Place of Business:

## Current Mailing Address:

367 PUTNAM LANE  
LAKE MARY, FL 32746

## New Mailing Address:

FEI Number: 26-3883920

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOLIDAY, ROBERT D  
367 PUTNAM LANE  
LAKE MARY, FL 32746 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: DP ( ) Delete  
Name: HOLIDAY, ROBERT D  
Address: 367 PUTNAM LANE  
City-St-Zip: LAKE MARY, FL 32746

Title: DV ( ) Delete  
Name: SHAFER, JEFFREY  
Address: 2241 LAFAYETTE AVE  
City-St-Zip: WINTER PARK, FL 32789

Title: ST ( ) Delete  
Name: HOLIDAY, JENNIFER  
Address: 367 PUTNAM LANE  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete  
Name: ARNOLD, MATT  
Address: 364 PUTNAM LANE  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete  
Name: BURKETT, RON  
Address: 260 MEADOW BEAUTY TERRACE  
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete  
Name: DORSEY, TODD  
Address: 316 HIGHLEADON COURT  
City-St-Zip: MADISON, MS 39110

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT (X) Change ( ) Addition  
Name: HOLIDAY, JENNIFER  
Address: 367 PUTNAM LANE  
City-St-Zip: LAKE MARY, FL 32746

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: ROBERT D. HOLLIDAY

DP

02/10/2009

Electronic Signature of Signing Officer or Director

Date