2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N22691

Entity Name: INDIOS, INC.

Current Principal Place of Business:

950 KANNER HWY A27
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

950 KANNER HWY A27
STUART, FL 34994

New Mailing Address:

FEI Number: 59-2832745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

POWERS, COLETTE
14555 SW OSCEOLA STREET
INDIANTOWN, FL 34956 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:	PD	( ) Delete
Name:	POWERS, COLETTE	
Address:	14555 SW OSCEOLA DRIVE	
City-St-Zip:	INDIANTOWN, FL 34956	
Title:	STD	( ) Delete
Name:	FARIAS, LEONEL	
Address:	15747 SW 151ST STREET	
City-St-Zip:	INDIANTOWN, FL 34956	
Title:	VD	( ) Delete
Name:	SIEFKER, PAUL	
Address:	15860 SW FAMEL AVENUE	
City-St-Zip:	INDIANTOWN, FL 34956	
Title:	D	( ) Delete
Name:	O'LAUGHLIN, REV. FRANK	
Address:	10935 S MILITARY TRAIL	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	D	( ) Delete
Name:	APPLETON, EDWARD	
Address:	15588 SW WARFIELD BLVD	
City-St-Zip:	INDIANTOWN, FL 34956	

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: COLETTE POWERS PRES 04/15/2009

Electronic Signature of Signing Officer or Director — Date