2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# N96000005135

Entity Name: BIZNET EXCHANGE, INC.

Current Principal Place of Business:

C/O FLORIDIAN COMMUNITY BANK
5599 S. UNIVERSITY DRIVE
DAVIE, FL 33328 US

New Principal Place of Business:

Current Mailing Address:

C/O FLORIDIAN COMMUNITY BANK
5599 S. UNIVERSITY DRIVE
DAVIE, FL 33328 US

New Mailing Address:

FEI Number: 65-0696687 **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:

COHEN, HOWARD ESQ
100 SE 3RD AVE STE 1400
FORT LAUDERDALE, FL 33394 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:	GAGNON, MARC	
Address:	5599 SOUTH UNIVERSITY DRIVE	
City-St-Zip:	DAVIE, FL 33328	
Title:	VP	( ) Delete
Name:	KRUSE, TOM	
Address:	101 NO. STATE RD. 7	
City-St-Zip:	MARGATE, FL 33063	
Title:	S	( ) Delete
Name:	COHEN, HOWARD A	
Address:	100 S. 3 AVENUE, SUITE 1400	
City-St-Zip:	FORT LAUDERDALE, FL 33394	
Title:	T	( ) Delete
Name:	RHODES, CLINTON H	
Address:	3335 N. UNIVERSITY DRIVE, SUITE 1	
City-St-Zip:	DAVIE, FL 33024	

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:	T	(X) Change ( ) Addition
Name:	SHELBY, STEVE	
Address:	3335 N. UNIVERSITY DRIVE, SUITE 1	
City-St-Zip:	DAVIE, FL 33024	

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: MARC GAGNON PD 06/23/2009

Electronic Signature of Signing Officer or Director — Date