

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000110994

FILED
May 19, 2009
Secretary of State**Entity Name:** PREDICTIVE CONCEPTS, INC.**Current Principal Place of Business:**205 SR 434
STE C
WINTER SPRINGS, FL 32708**New Principal Place of Business:****Current Mailing Address:**205 SR 434
STE C
WINTER SPRINGS, FL 32708**New Mailing Address:****FEI Number:** 59-3691034**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HYMEL, BOBBY L
205 SR 434
STE C
WINTER SPRINGS, FL 32708 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:** D () Delete
Name: MILLER, CHAD E
Address: 1165 CITRUS OAKS RUN
City-St-Zip: WINTER SPRINGS, FL 32708**Title:** D () Delete
Name: HYMEL, BOBBY L
Address: 312 INGELENOOK CIR
City-St-Zip: WINTER SPRINGS, FL 32708**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PRES (X) Change () Addition
Name: MILLER, CHAD E
Address: 1165 CITRUS OAKS RUN
City-St-Zip: WINTER SPRINGS, FL 32708**Title:** VP (X) Change () Addition
Name: HYMEL, BOBBY L
Address: 312 INGELENOOK CIR
City-St-Zip: WINTER SPRINGS, FL 32708

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHAD E. MILLER

PRES

05/19/2009

Electronic Signature of Signing Officer or Director_____
Date