2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000029353

Entity Name: QUIPU SOLUTIONS, INC.

FILED Sep 08, 2009 Secretary of State

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

3131 TARPON WOODS BOULEVARD PALM HARBOR, FL 34685 US

Current Mailing Address: New Mailing Address:

3131 TARPON WOODS BOULEVARD PALM HARBOR, FL 34685 US

FEI Number: 59-3704384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SABINO, SAMUEL D
3131 TARPON WOODS BOULEVARD
PALM HARBOR, FL 34685 US
SABINO, MARLENE M
3131 TARPON WOODS BOULEVARD
PALM HARBOR, FL 34685 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: MARLENE M. SABINO 09/08/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: SABINO, MARLENE Name: SABINO, SAMUEL D

Address: 3131 TARPON WOODS BOULEVARD Address: 3131 TARPON WOODS BOULEVARD

City-St-Zip: PALM HARBOR, FL 34685 US City-St-Zip: PALM HARBOR, FL 34685 US

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

Name: SABINO, SAMUEL Name: SABINO, MARLENE M

Address: 3131 TARPON WOODS BOULEVARD Address: 3131 TARPON WOODS BOULEVARD

City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: PALM HARBOR, FL 34685

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: SAMUEL D. SABINO D 09/08/2009