2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# P01000052468

Entity Name: CRUZIN, INC.

Current Principal Place of Business:

2543 BOGGY CREEK ROAD
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

2543 BOGGY CREEK ROAD
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 59-3718365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRUZ, AL
2556 CORAL AVE
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

CRUZ, AL
149 FIESTA DRIVE
KISSIMMEE, FL 34743 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: 03/23/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CRUZ, AL
Address: 2556 CORAL AVE
City-St-Zip: KISSIMMEE, FL 34741

Title: VP ( ) Delete
Name: RIVERA, NITZA
Address: 2556 CORAL AVE
City-St-Zip: KISSIMMEE, FL 34741

Title: S ( ) Delete
Name: RIVERA, ORLANDO
Address: 2556 CORAL AVE
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CRUZ, AL
Address: 149 FIESTA DRIVE
City-St-Zip: KISSIMMEE, FL 34743

Title: VP (X) Change ( ) Addition
Name: RIVERA, NITZA
Address: 149 FIESTA DRIVE
City-St-Zip: KISSIMMEE, FL 34743

Title: S (X) Change ( ) Addition
Name: RIVERA, ORLANDO
Address: 149 FIESTA DRIVE
City-St-Zip: KISSIMMEE, FL 34743

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: AL CRUZ PD 03/23/2009
Electronic Signature of Signing Officer or Director Date