2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000079163

Entity Name: N-FLUX, INC.

FILED Mar 04, 2009 Secretary of State

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

14893 89TH PLACE NORTH 11950 NE 240TH AVE. LOXAHATCHEE, FL 33470 SALT SPRINGS, FL 32134

Current Mailing Address: New Mailing Address:

14893 89TH PLACE NORTH 11950 NE 240TH AVE. LOXAHATCHEE, FL 33470 SALT SPRINGS, FL 32134

FEI Number: 65-1131518 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:

BURKETT, MICHAEL E

14893 89TH PL N

LOXAHATCHEE, FL 33470 US

BURKETT, MICHAEL E

11950 NE 240TH AVE

SALT SPRINGS, FL 32134 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: 03/04/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 BURKETT, MICHAEL E
 Name:
 BURKETT, MICHAEL E

 Address:
 14893 89TH PLACE NORTH
 Address:
 11950 NE 240TH AVE.

 City-St-Zip:
 LOXAHATCHEE, FL 33470
 City-St-Zip:
 SALT SPRINGS, FL 32134

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: MICHAEL E. BURKETT PTSD 03/04/2009