2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000046571

Entity Name: OCTAVE INTEGRATION, INC.

FILED Feb 20, 2009 Secretary of State

Littly Na	ille. OCTAVE	. INTEGRATION, INC.				
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:		
1252 OKEECHOBEE ROAD WEST PALM BEACH, FL 33401				1252 OKEECHOBEE ROAD WEST PALM BEACH, FL 33401 US		
Current M	lailing Addre	ss:	New Mailing Address	New Mailing Address:		
	ECHOBEE RO LM BEACH, F		1252 OKEECHOBEE I WEST PALM BEACH,		US	
FEI Number	: 42-1534409	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificat	te of Status Desired ()	
Name and	l Address of (Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:		
15772 86T PALM BEA	WILLIAM S TH WAY NORT ACH GARDEN THE NAME OF THE NAME	IS, FL 33418 US	ourpose of changing its registered	d office or re	egistered agent, or both,	
SIGNATU						
OIOIVATOI		nic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	ARNOLD, WIL 15772 86TH W		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PONTIUS, JAS 8684 TREASU		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JASON J PONTIUS D 02/20/2009