

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000065876

Entity Name: RHINOSYS, INC.

FILED
Jan 13, 2009
Secretary of State

Current Principal Place of Business:

531 NORTHEAST BLVD.
GAINESVILLE, FL 32601

New Principal Place of Business:

531 NE BOULEVARD
GAINESVILLE, FL 326015465

Current Mailing Address:

531 NORTHEAST BLVD.
GAINESVILLE, FL 32601

New Mailing Address:

531 NE BOULEVARD
GAINESVILLE, FL 326015465

FEI Number: 01-0711584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, JOHN H
531 NORTHEAST BLVD.
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

CARTER, JOHN H
531 NE BOULEVARD
GAINESVILLE, FL 326015465 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:

01/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARTER, JOHN H
Address: 531 NORTHEAST BLVD.
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: CARTER, PATRICIA M
Address: 531 NORTHEAST BLVD.
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CARTER, JOHN H
Address: 531 NE BOULEVARD
City-St-Zip: GAINESVILLE, FL 326015465

Title: D (X) Change () Addition
Name: CARTER, PATRICIA M
Address: 531 NE BOULEVARD
City-St-Zip: GAINESVILLE, FL 326015465

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: PATRICIA M CARTER

D

01/13/2009

Electronic Signature of Signing Officer or Director

Date