

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000131402

Entity Name: EISSINMANN, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

1239 CELEBRATION AVE.
CELEBRATION, FL 34747

New Principal Place of Business:

52 RILEY RD
SUITE 303
CELEBRATION, FL 34747 US

Current Mailing Address:

1239 CELEBRATION AVE.
CELEBRATION, FL 34747

New Mailing Address:

52 RILEY RD
SUITE 303
CELEBRATION, FL 34747 US

FEI Number: 05-0544924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EISSINMANN, IAKE
1239 CELEBRATION AVE.
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

ITMCI BUSINESS SOLUTIONS
177 LONGVIEW AVENUE
CELEBRATION, FL 34747 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: STEVE LEICHNER

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EISSINMANN, IAKE
Address: 1239 CELEBRATION AVE.
City-St-Zip: CELEBRATION, FL 34747

Title: D () Delete
Name: EISSINMANN, ALEX
Address: 1239 CELEBRATION AVE.
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: EISSINMANN, IAKE
Address: 52 RILEY RD SUITE 303
City-St-Zip: CELEBRATION, FL 34747 US

Title: D (X) Change () Addition
Name: EISSINMANN, ALEX
Address: 573 B CAMPUS ST
City-St-Zip: CELEBRATION, FL 34747 US

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: IAKE EISSINMANN

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date