## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000102184

**Entity Name: SINOFRESH CORPORATION** 

FILED Jul 09, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 516 PAUL MORRIS DRIVE 787 COMMERCE DRIVE ENGLEWOOD, FL 34223 STE 6 VENICE, FL 34292 **Current Mailing Address: New Mailing Address:** 787 COMMERCE DRIVE 516 PAUL MORRIS DRIVE ENGLEWOOD, FL 34223 STE 6 VENICE, FL 34292 FEI Number: 20-1344653 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: FUST, CHARLES A KLEIN, SCOTT M 516 PAUL MORRIS DR. 787 COMMERCE DRIVE US ENGLEWOOD, FL 33324 STE 6 VENICE, FL 34292 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: CHARLES A. FUST 07/09/2008 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition FUST, CHARLES A FUST, CHARLES A Name: Name: 516 PAUL MORRIS DRIVE 787 COMMERCE DRIVE, STE 6 Address: Address: City-St-Zip: ENGLEWOOD, FL 94223 City-St-Zip: VENICE, FL 34292 Title: Title: () Delete () Change () Addition Name: FITZGERALD, THOMAS Name: 4 ST. ANDREWS HILL Address: Address: PITTSFORD, NY 14534 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition SIMPSON, BRUCE W AZIZI, RAZEK Name: Name: 4974 WEST BRISI DR 6160 STONERIDGE MALL RD STE 270 Address Address: City-St-Zip: FORT WORTH, TX 76109 City-St-Zip: PLEASANTON, CA 94588 Title: () Delete Title: ( ) Change (X) Addition RITTER, TERRY Name: Name: Address: Address: 6160 STONERIDGE MALL RD STE 270 City-St-Zip: City-St-Zip: PLEASANTON, CA 94588 Title: Title: ( ) Change (X) Addition ( ) Delete OTTO, DAVID M Name: Name: Address: Address: 900 4TH AVENUE STE 3140 City-St-Zip: City-St-Zip: SEATTLE, WA 98164

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: CHARLES A. FUST CEO 07/09/2008