2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000136137

BLUNDELL, RICHARD

1279 HENRY AVENUE

SPRING HILL, FL 34608 US

Name:

Address:

City-St-Zip:

Entity Name: INFINITUM TECHNOLOGIES, INC

FILED Sep 17, 2009 Secretary of State

Littly Nai	ile. IIVIIIVIIC	JIVI TECHNOL	LOGILO, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
873 GRAND REGENCY PTE. SUITE 201 ALTAMONTE SPRINGS, FL 32714 US					8611 VILLA POINT 1213 ORLANDO, FL 32810	US	
Current Mailing Address:					New Mailing Address:		
SUITE 201	D REGENCY TE SPRINGS		US		8611 VILLA POINT 1213 ORLANDO, FL 32810	US	
FEI Number:	20-0409863	FEI Number	Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
FAIRCLOTH, SEAN 873 GRAND REGENCY PTE. SUITE 201 ALTAMONTE SPRINGS, FL 32714 US					FAIRCLOTH, SEAN 8611 VILLA POINT 1213 ORLANDO, FL 32810 US		
	named entity of Florida.	submits this	statement for the	purpose o	f changing its registered	office or registered agent, or both,	
SIGNATURE: SEAN FAIRCLOTH						09/17/2009	
	Electro	nic Signature	of Registered Ag	ent		Date	
	ce with s. 607.19		ne corporation did n	ot receive t	he prior notice.		
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	FAIRCLOTH, S 873 GRAND R) Delete SEAN R EGENCY PTE # SPRINGS, FL 33			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVPS (BLUNDELL, RI 1279 HENRY A SPRING HILL,	AVENUE			Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D (FAIRCLOTH, C 10124 MONAR SPRING HILL,	CH STREET			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete			Title:	() 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.

Name:

Address:

City-St-Zip:

SIGNATURE: SEAN FAIRCLOTH DPT 09/17/2009