

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000139837

**FILED**  
**Dec 02, 2009**  
**Secretary of State****Entity Name:** INGENUITY, INC.**Current Principal Place of Business:**1524 SW 13TH CT  
POMPANO BEACH, FL 33069**New Principal Place of Business:****Current Mailing Address:**1524 SW 13TH CT  
POMPANO BEACH, FL 33069**New Mailing Address:****FEI Number:** 30-0218491**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WALMSLEY, SCOTT  
1524 SW 13TH COURT  
POMPANO BEACH, FL 33069 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:****Title:** MR. ( ) Delete  
**Name:** WASP, MIKE  
**Address:** 16526 OFFENHAUR ROAD  
**City-St-Zip:** ODESSA, FL 33556 US**Title:** MR ( ) Delete  
**Name:** MARTIN, LESLIE E  
**Address:** 16 SLOANS CURVE DRIVE  
**City-St-Zip:** PALM BEACH, FL 33480 US**Title:** MR. ( ) Delete  
**Name:** KOLB, JOHN P  
**Address:** 6440 COUNTRY FAIR CIRCLE  
**City-St-Zip:** BOYNTON BEACH, FL 33437**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** MR. (X) Change ( ) Addition  
**Name:** WALMSLEY, SCOTT  
**Address:** 350 6TH TERRACE  
**City-St-Zip:** POMPANO BEACH, FL 33060 US**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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: SCOTT WALMSLEY

PRES

12/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date