

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000146246

Entity Name: SINUSOIDAL MOTION, INC.

FILED
May 23, 2008
Secretary of State

Current Principal Place of Business:

9518 HAMLET LN
TAMPA, FL 33635

New Principal Place of Business:

Current Mailing Address:

9518 HAMLET LN
TAMPA, FL 33635

New Mailing Address:

FEI Number: 35-2220980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALVIN, MATTHEW
9518 HAMLET LN
TAMPA, FL 33635 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

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:

Title: D () Delete
Name: GALVIN, MATTHEW
Address: 9518 HAMLET LN
City-St-Zip: TAMPA, FL 33635

Title: D () Delete
Name: RIIKONEN, CHRISTOPHER
Address: 4212 AUTUMN LEAVES DR
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RIIKONEN, CHRISTOPHER
Address: 4729 WINDFLOWER CIR
City-St-Zip: TAMPA, FL 33624

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: MATTHEW GALVIN

PRES

05/23/2008

Electronic Signature of Signing Officer or Director

Date