

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000155631

FILED
Feb 10, 2009
Secretary of State

Entity Name: OVERLOAD, INC.

Current Principal Place of Business:

1278 LOVETT RD
ORANGE PARK, FL 32065

New Principal Place of Business:

Current Mailing Address:

1278 LOVETT RD
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number: 05-0593448 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELLIES, ERIC
1278 LOVETT RD
ORANGE PARK, FL 32065 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: MELLIS, ERIC
Address: 1278 LOVETT RD
City-St-Zip: ORANGE PARK, FL 32065

Title: VTD () Delete
Name: MELLIS, ERIC
Address: 1278 LOVETT RD
City-St-Zip: ORANGE PARK, FL 32065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: MELLIS, ERIC
Address: 1278 LOVETT RD
City-St-Zip: ORANGE PARK, FL 32065

Title: CEO (X) Change () Addition
Name: MELLIS, ERIC
Address: 1278 LOVETT RD
City-St-Zip: ORANGE PARK, FL 32065

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: ERIC L. MELLIES

CEO

02/10/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date