## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000011441

Address:

City-St-Zip:

2922 SAKLAN INDIAN DR.

WALNUT CREEK, CA 94595

**FILED** Apr 23, 2009 Secretary of State

Entity Name: COMPOUNDMITER, INC. **Current Principal Place of Business: New Principal Place of Business:** 221 COUNTRY CLUB ROAD SHALIMAR, FL 32579 **Current Mailing Address: New Mailing Address:** 221 COUNTRY CLUB ROAD SHALIMAR, FL 32579 FEI Number: 42-1617280 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DRAKE, C. WAYNE DRAKE, C. WAYNE PRES 221 COUNTRY CLUB ROAD 221 COUNTRY CLUB ROAD SHALIMAR, FL 32579 SHALIMAR, FL 32579 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: C. WAYNE DRAKE 04/23/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition DRAKE, C. WAYNE Name: Name: 221 COUNTRY CLUB ROAD Address: Address: City-St-Zip: SHALIMAR, FL 32579 City-St-Zip: Title: VP/T Title: () Delete () Change () Addition Name: DRAKE, KATHRYN C Name: 221 COUNTRY CLUB RD. Address: Address: SHALIMAR, FL 32579 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: FXVP () Change () Addition QUINT, CAROL S EXECVP Name: Name: 2922 SAKLAN INDIAN DR. Address: Address: City-St-Zip: WALNUT CREEK, CA 94595 City-St-Zip: Title: CEO () Delete Title: () Change () Addition QUINT, RICHARD L Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: C. WAYNE DRAKE **PRES** 04/23/2009