2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000016106

Entity Name: SQUAREFACTOR, INC.

FILED Mar 07, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

814 BRIGHT VIEW DRIVE 114 WEST FIRST STREET LAKE MARY, FL 32746

232

SANFORD, FL 32771

Current Mailing Address: New Mailing Address:

814 BRIGHT VIEW DRIVE 114 WEST FIRST STREET LAKE MARY, FL 32746

SANFORD, FL 32771

FEI Number: 20-0621472 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:

EVANS, WILLIAM S EVANS, WILLIAM S 814 BRIGHT VIEW DRIVE 1303 UTAH BLVD.

LAKE MARY, FL 32746 ORLANDO, FL 32803 US

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: WILLIAM EVANS 03/07/2006

> Electronic Signature of Registered Agent Date

> > Title:

Election Campaign Financing Trust Fund Contribution ().

() Delete

Title:

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

EVANS, WILLIAM S EVANS, WILLIAM S Name: Name: 814 BRIGHT VIEW DRIVE 1303 UTAH BLVD. Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: ORLANDO, FL 32803

() Delete Title: D,VP Title: () Change () Addition

Name: MAKINSON, SHAWN P Name: 1208 BENT OAK TRAIL Address: Address: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: City-St-Zip:

Title: Title: D.S. () Delete () Change () Addition

HARTMAN, SEAN E Name: Name: 1405 E. HARDING STREET Address: Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM EVANS 03/07/2006 D,P