2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# P04000016106

Entity Name: SQUAREFACTOR, INC.

Current Principal Place of Business:

114 WEST FIRST STREET
240
SANFORD, FL 32771

New Principal Place of Business:

222 S. WESTMONTE DR.
311
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

114 WEST FIRST STREET
240
SANFORD, FL 32771

New Mailing Address:

222 S. WESTMONTE DR.
311
ALTAMONTE SPRINGS, FL 32714

FEI Number: 20-0621472 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EVANS, WILLIAM S
1820 LAKESHORE CIRCLE
LONGWOOD, FL 32750 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: D, P ( ) Delete
Name: EVANS, WILLIAM S
Address: 1820 LAKESHORE CIRCLE
City-St-Zip: LONGWOOD, FL 32750

Title: D,VP ( ) Delete
Name: MAKINSON, SHAWN P
Address: 1208 BENT OAK TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D,S, ( ) Delete
Name: HARTMAN, SEAN E
Address: 1405 E. HARDING STREET
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: WILLIAM EVANS D, P 03/05/2009

Electronic Signature of Signing Officer or Director — Date