

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000016106

Entity Name: SQUAREFACTOR, INC.

FILED
Jan 05, 2011
Secretary of State

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

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

New Mailing Address:

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

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:

EVANS, WILLIAM S
222 S. WESTMONTE DR.
SUITE 311
ALTAMONTE SPRINGS, FL 32714 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:

01/05/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D, P
Name: EVANS, WILLIAM S
Address: 1820 LAKESHORE CIRCLE
City-St-Zip: LONGWOOD, FL 32750 US

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

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

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM EVANS

P

01/05/2011

Electronic Signature of Signing Officer or Director

Date