

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90134 041 ***150.00

DOCUMENT # P04000096275					
1. Entity Name INFINITE PRIVACY INC					
Principal Place of Business 1530 OLD EUSTIS RD MT DORA, FL 32757			Mailing Address 1530 OLD EUSTIS RD MT DORA, FL 32757		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 1907			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State MT DORA, FL		4. FEI Number 20-1325306	
Zip		Country 32756 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ATKINSON, TROY R II 1530 OLD EUSTIS RD MT DORA, FL 32757			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE TROY ATKINSON 3-12-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ATKINSON, TROY R II 1530 OLD EUSTIS RD MOUNT DORA, FL 32757		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ATKINSON, JOHN P 900 N. BAY ST APT 5 EUSTIS, FL 32726	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ATKINSON, JOHN P 950 EMERALD DR MOUNT DORA, FL 32757		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: TROY ATKINSON			3-12-08 352 504 Date Daytime Phone # 5247		