2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2009
Secretary of State

DOCUMENT# P04000128133

Entity Name: INDIGOS FRANCHISING, INC.

Current Principal Place of Business:

6810 LYONS TECHNOLOGY CIRCLE
SUITE 165
COCONUT CREEK, FL 33073 US

New Principal Place of Business:

21551 ARBOR WAY
BOCA RATON, FL 33433 US

Current Mailing Address:

6810 LYONS TECHNOLOGY CIRCLE
SUITE 165
COCONUT CREEK, FL 33073 US

New Mailing Address:

21551 ARBOR WAY
BOCA RATON, FL 33433 US

FEI Number: 20-1604784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOLLEFSON, BRIAN
21551 ARBOR WAY
BOCA RATON, FL 33433 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TOLLEFSON, BRIAN
Address: 6810 LYONS TECHNOLOGY CIRCLE SUITE 165
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: VP (X) Delete
Name: PUCCIO, MICHAEL
Address: 6810 LYONS TECHNOLOGY CIRCLE SUITE 165
City-St-Zip: COCONUT CREEK, FL 33073 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: TOLLEFSON, BRIAN
Address: 21551 ARBOR WAY
City-St-Zip: BOCA RATON, FL 33433 US

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: BRIAN TOLLEFSON P 06/10/2009
Electronic Signature of Signing Officer or Director Date