2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000172925

Address:

City-St-Zip:

5941 BAKER ROAD

NEW PORT RICHEY, FL 34653

CALED ININION/ATIONIC INIO

FILED Feb 15, 2009 Secretary of State

Entity Name: SALES INNOVATIONS, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
211 HEDD PALM HAF	DEN CT. RBOR, FL 346	583			
Current Mailing Address:			New Mailing Address:		
211 HEDD PALM HAF	DEN CT. RBOR, FL 346	583			
FEI Number	: 20-2050898	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:		
GOTTSCHO, STEVE 572 VISTA TRAIL COURT PALM HARBOR, FL FL34683 US			572 VISTA TRAIL COU	GOTTSCHO, STEVEN W 572 VISTA TRAIL COURT PALM HARBOR, FL FL34683 US	
	e named entity e of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: STEVEN W GOTTSCHO				02/15/2009	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	GOTTSCHO, S 5941 BAKER F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CEOT (GOTTSCHO, S 572 VISTA TRA PALM HARBOR	AIL CT	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S (GOTTSCHO, S 572 VISTA TRA PALM HARBOR	AIL CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	V (GOTTSCHO, A) Delete MANDA L	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: STEVEN W GOTTSCHO CEOT 02/15/2009