

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000026694

Entity Name: CELLMINDER, INC.

FILED
Feb 08, 2007
Secretary of State

Current Principal Place of Business:

3293 BEAZER DRIVE
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

PO BOX 290339
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 03-0555569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAY/ROBINSON, P.A.
301 E. PINE STREET
SUITE 1400
ORLANDO, FL 32801 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: CM () Delete
Name: SZASZ, GARY
Address: 3293 BEAZER DRIVE
City-St-Zip: OCOEE, FL 34761

Title: CEO () Delete
Name: SCHICKLER, STEVE
Address: 4010 78TH WAY SE
City-St-Zip: MERCER ISLAND, WA 98040

Title: CFO () Delete
Name: DE BONIS, PAUL S
Address: 822 HIGHPOINT DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CEO (X) Change () Addition
Name: SCHICKLER, STEVE
Address: 4010 78TH WAY SE
City-St-Zip: MERCER ISLAND, WA 98040 US

Title: CFO (X) Change () Addition
Name: DE BONIS, PAUL S
Address: 822 HIGHPOINT DRIVE
City-St-Zip: PORT ORANGE, FL 32127 US

Title: DIR () Change (X) Addition
Name: DECEMBER, CHRIS
Address: 2421 88TH AVE NE
City-St-Zip: CLYDE HILL, WA 98064 US

Title: DIR () Change (X) Addition
Name: SALERNO, ERNEST J
Address: 2395 E. LONG SHADOW PLACE
City-St-Zip: TUCSON, AZ 85718 US

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL DEBONIS

CFO

02/08/2007

Electronic Signature of Signing Officer or Director

Date