

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000058656

FILED
May 01, 2007
Secretary of State

Entity Name: MAXIMUS GLOBAL INNOVATIONS, INC.

Current Principal Place of Business:

4944 PARKVIEW DRIVE
SAINT CLOUD, FL 34771

New Principal Place of Business:

43420 DAVENPORT
SUITE 3
DAVENPORT, FL 33837

Current Mailing Address:

4944 PARKVIEW DRIVE
SAINT CLOUD, FL 34771

New Mailing Address:

43420 HWY 27
SUITE 3
DAVENPORT, FL 33837

FEI Number: 27-0121356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESTRADA, CESAR A
4944 PARKVIEW DRIVE
SAINT CLOUD, FL 34771 US

Name and Address of New Registered Agent:

ESTRADA, CESAR A
43420 HWY 27
SUITE 3
DAVENPORT, FL 33837 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: CESAR ESTRADA

05/01/2007

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: ESTRADA, CESAR A
Address: 4944 PARKVIEW DRIVE
City-St-Zip: SAINT CLOUD, FL 34771

Title: VP () Delete
Name: ESTRADA, AUGUSTO
Address: 14812 S.W 80TH
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ESTRADA, CESAR A
Address: 43420 HWY 27
City-St-Zip: DAVENPORT, FL 33837

Title: VP (X) Change () Addition
Name: ESTRADA, AUGUSTO
Address: 43420 HWY 27
City-St-Zip: DAVENPORT, FL 33837

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: CESAR ESTRADA

P

05/01/2007

Electronic Signature of Signing Officer or Director

Date