

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000150205

Entity Name: ISSALE, INC.

FILED  
Apr 20, 2009  
Secretary of State

## Current Principal Place of Business:

949 NW 31ST AVE  
POMPANO BEACH, FL 33069 US

## New Principal Place of Business:

## Current Mailing Address:

949 NW 31ST AVE  
POMPANO BEACH, FL 33069 US

## New Mailing Address:

FEI Number: 05-0628932

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ATLANTIC FULCRUM, INC.  
5112 ARBOR GLEN CIRCLE  
LAKE WORTH, FL 33463 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: D ( ) Delete  
Name: MAKINEN, ISMO  
Address: 949 NW 31ST AVE  
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: D ( ) Delete  
Name: LAHDESMAKI, SAMELI  
Address: 8249 SEVERN DR. UNIT D  
City-St-Zip: BOCA RATON, FL 33433 US

Title: D ( ) Delete  
Name: LINDHOLM, LEIF  
Address: 8285 THAMES BLVD UNIT C  
City-St-Zip: BOCA RATON, FL 33433 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: LINDHOLM, LEIF  
Address: 2655 NW 29TH DR  
City-St-Zip: BOCA RATON, FL 33434 US

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: SAMELI LAHDESMAKI

D

04/20/2009

Electronic Signature of Signing Officer or Director

Date