## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000156887

**Entity Name: POLOBOT CORPORATION** 

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
50 BERKELEY ST D150	50 BERKELEY STREET D150
SATELLITE BCH, FL 32937	SATELLITE BEACH, FL 32937 US

**Current Mailing Address: New Mailing Address:** 

50 BERKELEY ST D150 P.O. BOX 372610

SATELLITE BCH, FL 32937 SATELLITE BEACH, FL 32937-061 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

**BUSINESS FILINGS INCORPORATED** DENTNESS FILINGS INCORPORATED 1203 GOVERNORS SQ BLVD STE 101 1203 GOVERNORS SQ BLVD STE 101 TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301

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: BUSINESS FILINGS INCORPORATED 04/27/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVS ( ) Delete Title: (X) Change ( ) Addition POLICH, PAUL POLICH, PAUL Name: Name: 50 BERKELEY ST D150 50 BERKELEY STREET D150 Address: Address: City-St-Zip: SATELLITE BCH, FL 32937 City-St-Zip: SATELLITE BEACH, FL 32937 Title: () Delete Title: ( ) Change (X) Addition POLICH, PAUL Name: Name: 50 BERKELEY STREET D150 Address: Address: SATELLITE BEACH, FL 32937 City-St-Zip: City-St-Zip:

Title: Title: () Delete ( ) Change (X) Addition

POLICH, PAUL Name: Name:

50 BERKELEY STREET D150 Address Address: City-St-Zip: City-St-Zip: SATELLITE BEACH, FL 32937

Title: () Delete Title: ( ) Change (X) Addition

POLICH, PAUL Name: Name:

Address: Address: 50 BERKELEY STREET D150 City-St-Zip: City-St-Zip: SATELLITE BEACH, FL 32937

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 POLICH **PRES** 04/27/2006