2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P05000156887

Entity Name: POLOBOT CORPORATION

Current Principal Place of Business:

411 WILDWOOD AVENUE SW
PALM BAY, FL 32908 US

New Principal Place of Business:

2015 S TUTTLE AVE
SARASOTA, FL 34239 US

Current Mailing Address:

P.O. BOX 372610
SATELLITE BEACH, FL 32937 US

New Mailing Address:

P.O. BOX 1418
SARASOTA, FL 34230 US

FEI Number: 20-3870205 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 32301 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: P ( ) Delete
Name: POLICH, PAUL
Address: P.O. BOX 372610
City-St-Zip: SATELLITE BEACH, FL 32937

Title: S ( ) Delete
Name: POLICH, PAUL
Address: P.O. BOX 372610
City-St-Zip: SATELLITE BEACH, FL 32937

Title: T ( ) Delete
Name: POLICH, PAUL
Address: P.O. BOX 372610
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D ( ) Delete
Name: POLICH, PAUL
Address: P.O. BOX 372610
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: POLICH, PAUL
Address: P.O. BOX 1418
City-St-Zip: SARASOTA, FL 34230

Title: S (X) Change ( ) Addition
Name: POLICH, PAUL
Address: P.O. BOX 1418
City-St-Zip: SARASOTA, FL 34230

Title: T (X) Change ( ) Addition
Name: POLICH, PAUL
Address: P.O. BOX 1418
City-St-Zip: SARASOTA, FL 34230

Title: D (X) Change ( ) Addition
Name: POLICH, PAUL
Address: P.O. BOX 1418
City-St-Zip: SARASOTA, FL 34230

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: PAUL POLICH P 04/30/2009

Electronic Signature of Signing Officer or Director Date