2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000158500

Entity Name: THROUGH THE WIRE, INC.

FILED Apr 21, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

12001 LAKE CYPRESS CIRCLE 800 CORPORATE DRIVE

B-203 SUITE 310

ORLANDO, FL 32828 FORT LAUDERDALE, FL 33334

Current Mailing Address: New Mailing Address:

12001 LAKE CYPRESS CIRCLE 800 CORPORATE DRIVE

B-203 SUITE 310 ORLANDO, FL 32828 FORT LAU

FORT LAUDERDALE, FL 33334

FEI Number: 06-1762312 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MOSKOWITZ, MICHAEL W ESQUIRE 800 CORPORATE DRIVE STE 500 FT LAUDERDALE, FL 33334 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: HORWITZ, DREW Name: HORWITZ, DREW

Address: 12001 LAKE CYPRESS CIRCLE, B-203 Address: 800 CORPORATE DRIVE, #310 City-St-Zip: ORLANDO, FL 32828 City-St-Zip: FORT LAUDERDALE, FL 33334

Title: VP () Delete Title: () Change () Addition

 Name:
 HORWITZ, WAYNE
 Name:

 Address:
 800 CORPORATE DRIVE STE 310
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33334
 City-St-Zip:

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: DREW HORWITZ PSTD 04/21/2009