

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000081851

Entity Name: CAPTIVEYES GROUP, INC.

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

2236 CAPITAL CIRCLE NE
SUITE #203
TALLAHASSEE, FL 32308

Current Mailing Address:

2236 CAPITAL CIRCLE NE
SUITE #203
TALLAHASSEE, FL 32308

New Principal Place of Business:

2236 CAPITAL CIRCLE NE
SUITE 203
TALLAHASSEE, FL 32308

New Mailing Address:

2236 CAPITAL CIRCLE NE
SUITE 203
TALLAHASSEE, FL 32308

FEI Number: 56-2592062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, CHRISTOPHER A
2236 CAPITAL CIRCLE NE
SUITE 203
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

WILSON, WILLIAM R
2236 CAPITAL CIRCLE NE
SUITE 203
TALLAHASSEE, FL 32308 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: WILLIAM R. WILSON

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: MORGAN, CHRISTOPHER A
Address: 4020 COLLETON COURT
City-St-Zip: TALLAHASSEE, FL 32311

Title: DVPT () Delete
Name: WILSON, WILLIAM R
Address: 2141 SKYLAND DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP () Delete
Name: MORGAN, ALEX
Address: 2236 CAPITAL CIRCLE NE, SUITE 203
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MORGAN, CHRISTOPHER A
Address: 2236 CAPITAL CIRCLE NE, SUITE 203
City-St-Zip: TALLAHASSEE, FL 32308

Title: DPT (X) Change () Addition
Name: WILSON, WILLIAM R
Address: 2236 CAPITAL CIRCLE NE, SUITE 203
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP (X) Change () Addition
Name: MORGAN, ALEXANDER A
Address: 2236 CAPITAL CIRCLE NE, SUITE 203
City-St-Zip: TALLAHASSEE, FL 32308

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: ALEXANDER A. MORGAN

VP

04/08/2009

Electronic Signature of Signing Officer or Director

Date