

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000116871

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** FRONT POCKET WALLET, INC.

**Current Principal Place of Business:**

507 WARWICK DRIVE  
VENICE, FL 34293

**New Principal Place of Business:**

200 THE ESPLANADE NORTH  
SUITE A 16  
VENICE, FL 34285

**Current Mailing Address:**

507 WARWICK DRIVE  
VENICE, FL 34293

**New Mailing Address:**

**FEI Number:** 31-1582874      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: MOREHEAD, WILLIAM C  
Address: 507 WARWICK DRIVE  
City-St-Zip: VENICE, FL 34293

Title: D  
Name: MOREHEAD, JUDITH S DR.  
Address: 507 WARWICK DRIVE  
City-St-Zip: VENICE, FL 34293 US

Title: D  
Name: CARPENTER, MELISSA M  
Address: 20 SPARKS FARM ROAD  
City-St-Zip: SPARKS, MD 21152 US

Title: D  
Name: PORTER, DEBORAH L  
Address: 200 THE ESPLANADE N., UNITE A 16  
City-St-Zip: VENICE, FL 34285 US

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM C. MOREHEAD

MR.

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date