

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000117888

FILED
Apr 27, 2009
Secretary of State

Entity Name: BIOMETRIC IDENTIFICATION INTERNATIONAL INC

Current Principal Place of Business:

1700 BOYNTON BAY CT.
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 212793
ROYAL PALM BEACH, FL 334212793 US

New Mailing Address:

FEI Number: 56-2610225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALONEY, GLENN SEC/TRE
1700 BOYNTON BAY CT.
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

MALONEY, GLENN PRES
1700 BOYNTON BAY CT.
BOYNTON BEACH, FL 33435 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: GLENN MALONEY

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: PARSONS, CAROLYN
Address: 1700 BOYNTON BAY CT.
City-St-Zip: BOYNTON BEACH, FL 33435

Title: P (X) Delete
Name: MALONEY, AVRIL
Address: 1700 BOYNTON BAY CT.
City-St-Zip: BOYNTON BEACH, FL 33435

Title: S/T () Delete
Name: MALONEY, GLENN
Address: 1700 BOYNTON BAY CT.
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MALONEY, GLENN
Address: 1700 BOYNTON BAY CT
City-St-Zip: BOYNTON BEACH, FL 33435

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: GLENN MALONEY

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date