

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000119120

Entity Name: CONFIRMATION USA, INC.

FILED  
Jan 19, 2009  
Secretary of State

**Current Principal Place of Business:**

128 E MCNAB RD  
#128  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

128 E MCNAB RD  
#128  
POMPANO BEACH, FL 33060

**New Mailing Address:**

FEI Number: 87-0782840      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SWART, DAVID  
600 SE 2ND AVE  
POMPANO BEACH, FL 33060      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: D      ( ) Delete  
Name: SWART, DAVID  
Address: 600 SE 2ND AVE  
City-St-Zip: POMPANO BEACH, FL 33060

Title: D      ( ) Delete  
Name: LOMBARDI, JOSEPH  
Address: 600 SE 2ND AVE  
City-St-Zip: POMPANO BEACH, FL 33060

Title: D      ( ) Delete  
Name: STRIKOWSKI, ERIC  
Address: 600 SE 2ND AVE  
City-St-Zip: POMPANO BEACH, FL 33060

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: DAVID SWART

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

PRES

01/19/2009

\_\_\_\_\_ Date