

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000141699

Entity Name: SIX SIGMA ASSOCIATES, INC.

FILED  
Aug 31, 2009  
Secretary of State

## Current Principal Place of Business:

10006 CROSS CREEK BLVD., STE. 426  
TAMPA, FL 33647

## New Principal Place of Business:

## Current Mailing Address:

3165 S. ALMA SCHOOL RD  
#29-284  
CHANDLER, AZ 85248

## New Mailing Address:

FEI Number: 86-0943317

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLEMAN, JAMES  
19713 ARBOR HAVEN DRIVE  
TAMPA, FL 85248 US

## Name and Address of New Registered Agent:

COLEMAN, JAMES  
19713 ARBOR HAVEN DRIVE  
TAMPA, FL 33647 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:

08/31/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: COLEMAN, JAMES  
Address: 3165 S ALMA SCHOOL ROAD  
City-St-Zip: CHANDLER, AZ 33647

Title: DTS ( ) Delete  
Name: COLEMAN, ROBIN  
Address: 3165 S ALMA SCHOOL ROAD  
City-St-Zip: CHANDLER, AZ 85248

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: COLEMAN, JAMES  
Address: 3165 S ALMA SCHOOL ROAD  
City-St-Zip: CHANDLER, AZ 85248

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: JAMES COLEMAN

PRES

08/31/2009

Electronic Signature of Signing Officer or Director

Date