2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000145302

Entity Name: GRADIENT INTERNATIONAL, INC.

FILED Jan 28, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

2017 S. OCEAN DR., SUITE 1409 1843 NW 140 TERRACE HALLANDALE BCH, FL 33009 PEMBROKE PINES, FL 33028

Current Mailing Address: New Mailing Address:

2017 S. OCEAN DR., SUITE 1409 1843 NW 140 TERRACE HALLANDALE BCH, FL 33009 PEMBROKE PINES, FL 33028

FEI Number: 20-5942470 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KOUROPTEVA, MARYNA
2017 S. OCEAN DR., SUITE 1409
HALLANDALE BCH, FL 33009 US
KOUROPTEVA, MARYNA
1843 NW 140 TERRACE
PEMBROKE PINES, FL 33028 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: 01/28/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

PD () Delete Title: PTD (X) Change () Addition

Name: KOUROPTEVÁ, MARYNA Name: KOUROPTEVÁ, MARYNA Address: 2017 S. OCEAN DR., SUITE 1409 Address: 1843 NW 140 TERRACE
City-St-Zip: HALLANDALE BCH, FL 33009 City-St-Zip: PEMBROKE PINES, FL 33028

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 CHTCHOUKINE, ALEX

 Address:
 Address:
 1223 WOODLAND AVENUE

 City-St-Zip:
 City-St-Zip:
 JOPLIN, MO 64801

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: MARYNA KOUROPTEVA PTD 01/28/2009

Electronic Signature of Signing Officer or Director

Date