

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000156615

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: CHRISNET CORPORATION

## Current Principal Place of Business:

7649 SHALIMAR STREET  
MIRAMAR, FL 33023

## New Principal Place of Business:

1598 SW 193RD TERRACE  
PEMBROKE PINES, FL 33029

## Current Mailing Address:

7649 SHALIMAR STREET  
MIRAMAR, FL 33023

## New Mailing Address:

1598 SW 193RD TERRACE  
PEMBROKE PINES, FL 33029

FEI Number: 20-8104105

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARIS, KENOL  
7649 SHALIMAR STREET  
MIRAMAR, FL 33023 US

## Name and Address of New Registered Agent:

ARIS, KENOL  
1598 SW 193RD TERRACE  
PEMBROKE PINES, FL 33029 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: KENOL ARIS

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ARIS, KENOL  
Address: 7649 SHALIMAR STREET  
City-St-Zip: MIRAMAR, FL 33023

Title: VP ( ) Delete  
Name: ORTHEUS, MAGALIE  
Address: 7649 SHALIMAR STREET  
City-St-Zip: MIRAMAR, FL 33023

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ARIS, KENOL  
Address: 1598 SW 193RD TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP (X) Change ( ) Addition  
Name: ORTHEUS, MAGALIE  
Address: 1598 SW 193RD TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33029

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: KENOL ARIS

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date