

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000001002

Entity Name: SWIFTMLS, INC.

FILED
Feb 28, 2008
Secretary of State

Current Principal Place of Business:

701 SUNSHINE DR.
DELRAY BEACH, FL 33444

New Principal Place of Business:

6337 PARC CORNICHE DR
2208
ORLANDO, FL 32821 US

Current Mailing Address:

108 ROSEHAVEN DR
RALEIGH, NC 27609

New Mailing Address:

PO BOX 771253
ORLANDO, FL 32877 US

FEI Number: 20-8166675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOLZMANN, AVNER D
701 SUNSHINE DR.
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

HOLZMANN, AVNER D
6337 PARC CORNICHE DR
2208
ORLANDO, FL 32821 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: AVNER D HOLZMANN

02/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOLZMANN, AVNER D
Address: 108 ROSEHAVEN DR.
City-St-Zip: RALEIGH,, NC 27609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOLZMANN, AVNER D
Address: PO BOX 771253
City-St-Zip: ORLANDO, FL 32877 US

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: AVNER D HOLZMANN

P

02/28/2008

Electronic Signature of Signing Officer or Director

Date