

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000036079

FILED
Feb 07, 2009
Secretary of State

Entity Name: PHYTOFUSION, INCORPORATED

Current Principal Place of Business:

160 COVENTRY
SUITE G
WEST PALM BEACH, FL 33417 PB

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 260603
PEMBROKE PINES, FL 33026 BR

New Mailing Address:

FEI Number: 45-0585577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, ARVONNA MRS.
160 COVENTRY
SUITE G
WEST PALM BEACH, FL 33417 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: P () Delete
Name: REYES, DAVID
Address: 160 COVENTRY SUITE G
City-St-Zip: WEST PALM BEACH, FL 33417 PB

Title: VP () Delete
Name: BROWN, ARVONNA
Address: 160 COVENTRY SUITE G
City-St-Zip: WEST PALM BEACH, FL 33417 PB

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ARVONNA BROWN

VP

02/07/2009

Electronic Signature of Signing Officer or Director

Date