

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000046748

Entity Name: STOCKINTERVIEW.COM, INC.

FILED
May 19, 2009
Secretary of State

Current Principal Place of Business:

5020 CLARK RD - # 134
SARASOTA, FL 34233

New Principal Place of Business:

5020 CLARK RD - # 314
SARASOTA, FL 34233

Current Mailing Address:

5020 CLARK RD - # 134
SARASOTA, FL 34233

New Mailing Address:

5020 CLARK RD - # 314
SARASOTA, FL 34233

FEI Number: 20-1526774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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

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: PST () Delete
Name: ICKES, JULIE
Address: 5020 CLARK RD - # 134
City-St-Zip: SARASOTA, FL 34233

Title: VP () Delete
Name: ICKES, JULIE
Address: 5020 CLARK RD - # 134
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: ICKES, JULIE
Address: 5020 CLARK RD - # 314
City-St-Zip: SARASOTA, FL 34233

Title: VP (X) Change () Addition
Name: ICKES, JULIE
Address: 5020 CLARK RD - # 314
City-St-Zip: SARASOTA, FL 34233

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: JULIE ICKES

PST

05/19/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date