

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000051347

Entity Name: FXLIVE, INC

FILED  
Apr 23, 2009  
Secretary of State

## Current Principal Place of Business:

499 EAGLE CIRCLE  
CASSELBERRY, FL 32707

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 781363  
ORLANDO, FL 328281363

## New Mailing Address:

12001 AVALON LAKE DRIVE  
APT. 419  
ORLANDO, FL 32828 US

FEI Number: 45-0559771

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JAFFEE, LAURIE  
12001 AVALON LAKE DRIVE, APT. 419  
ORLANDO, FL 32828 US

## Name and Address of New Registered Agent:

JAFFEE, LAURIE  
12001 AVALON LAKE DRIVE  
APT. 419  
ORLANDO, FL 32828 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: LAURIE JAFFEE

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LENGEMANN, PAUL  
Address: 499 EAGLE CIRCLE  
City-St-Zip: CASSELBERRY, FL 32707

Title: VPD ( ) Delete  
Name: DUNN, WILLIAM  
Address: 499 EAGLE CIRCLE  
City-St-Zip: CASSELBERRY, FL 32707

Title: VPDS ( ) Delete  
Name: JAFFEE, LAURIE  
Address: 12001 AVALON LAKE DRIVE, APT 419  
City-St-Zip: ORLANDO, FL 32828

Title: VP ( ) Delete  
Name: JENNINGS, WILLIAM  
Address: 617 DARTMOUTH WOODS DR  
City-St-Zip: DARTMOUTH, MA 02747

Title: D ( ) Delete  
Name: BOSSHARD, MARTIN  
Address: 198 WEST HILLS ROAD  
City-St-Zip: NEW CANAAN, CT 06840

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: (X) 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: LAURIE JAFFEE

VPDS

04/23/2009

Electronic Signature of Signing Officer or Director

Date