2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P07000058529

Entity Name: ACMEPOXY INC.

Current Principal Place of Business:

4102 NEWTON ST.
STUART, FL 34987

New Principal Place of Business:

Current Mailing Address:

4102 NEWTON ST.
STUART, FL 34987

New Mailing Address:

4102 NEWTON ST.
STUART, FL 34997

FEI Number: 77-0687732 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABRAHAM, MARYANN
4102 NEWTON ST.
STUART, FL 34987 US

Name and Address of New Registered Agent:

ABRAHAM, MARYANN
4102 NEWTON ST.
STUART, FL 34997 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: 04/27/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: ABRAHAM, MATTHEW
Address: 4102 NEWTON ST.
City-St-Zip: STUART, FL 34987

Title: ST ( ) Delete
Name: ABRAHAM, RICK
Address: 4102 NEWTON ST.
City-St-Zip: STUART, FL 34987

Title: P ( ) Delete
Name: ABRAHAM, MARYANN
Address: 4102 NEWTON ST.
City-St-Zip: STUART, FL 34987

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: ABRAHAM, MATTHEW
Address: 4102 NEWTON ST.
City-St-Zip: STUART, FL 34997

Title: ST (X) Change ( ) Addition
Name: ABRAHAM, RICK
Address: 4102 NEWTON ST.
City-St-Zip: STUART, FL 34997

Title: P (X) Change ( ) Addition
Name: ABRAHAM, MARYANN
Address: 4102 NEWTON ST.
City-St-Zip: STUART, FL 34997

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: MARYANN ABRAHAM P 04/27/2009
Electronic Signature of Signing Officer or Director — Date