

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000080471

FILED
May 03, 2009
Secretary of State

Entity Name: SCIENTIFIC INNOVATIONS, INC.

Current Principal Place of Business:

535 US 41 BY PASS, BOX #272
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

535 US 41 BY PASS, BOX #272
VENICE, FL 34285

New Mailing Address:

FEI Number: 26-1199783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARY, MARY BETH M
C/O PORTER, WRIGHT, MORRIS & ARTHUR LLP
5801 PELICAN BAY BLVD., STE. 300
NAPLES, FL 341082709 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: PD () Delete
Name: PODORSKI, ANTHONY F
Address: 1249 RESERVE DR
City-St-Zip: VENICE, FL 34285

Title: STD () Delete
Name: TWILLMANN, NORBERT S
Address: 15143 S. ASBURY ROAD
City-St-Zip: HARRISON, ID 83833

Title: D () Delete
Name: BENNETT, CHARLES S
Address: 3301 BONITA BEACH ROAD #204
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: EVERING, HENRY W
Address: 2685 MANASOTA BEACH ROAD
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: WHITTLE, ROGER W
Address: 8315 SW 84TH PLACE ROAD
City-St-Zip: OCALA, FL 34481

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: BENNETT, CHARLES S
Address: 4933 TAMiami TRAIL N., SUITE 200
City-St-Zip: NAPLES, FL 34103

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: ANTHONY F. PODORSKI

PD

05/03/2009

Electronic Signature of Signing Officer or Director

Date