

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000086905

Entity Name: FXTRIGGERS INC

FILED
Jan 26, 2009
Secretary of State

Current Principal Place of Business:

2720 S OCEAN BLVD
216
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

2720 S OCEAN BLVD
216
PALM BEACH, FL 33480

New Mailing Address:

1701 E LAKE AVE 335
C/O JOHN PERSON
GLEVIEW, IL 60025

FEI Number: 51-0643503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PERSON, MARY A
2720 S OCEAN BLVD
216
PALM BEACH, FL 33480 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: PERSON, JOHN
Address: 2720 S OCEAN BLVD #216
City-St-Zip: PALM BEACH, FL 33480

Title: VP () Delete
Name: PERSON, MARY
Address: 2720 S OCEAN BLVD #216
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PERSON, JOHN P
Address: 1701 E LAKE AVE 335
City-St-Zip: GLENVIEW, IL 60025

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: MARY PERSON

MRS

01/26/2009

Electronic Signature of Signing Officer or Director

Date