

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000091832

Entity Name: GEEK WRAPS, INC.

FILED
Feb 14, 2009
Secretary of State

Current Principal Place of Business:

1390 SOUTH FEDERAL HWY.
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

1390 SOUTH FEDERAL HWY.
POMPANO BEACH, FL 33062

New Mailing Address:

840 NW 57TH COURT
FORT LAUDERDALE, FL 33309

FEI Number: 51-0644145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SSI GRAPHICS
840 NW 57TH COURT
FORT LAUDERDALE, FL 33309 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: S,T () Delete
Name: CALMAN, KATHRYN S
Address: 508 SOUTH OCEAN BLVD.
City-St-Zip: POMPANO BEACH, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CALMAN, KATHRYN S
Address: 508 SOUTH OCEAN BLVD.
City-St-Zip: POMPANO BEACH, FL 33309

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: KATHRYN S. CALMAN

PRES

02/14/2009

Electronic Signature of Signing Officer or Director

_____ Date