## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P07000104320

Entity Name: COVERALLWAYS INC

FILED May 21, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3500 NW 97 BLVD GAINESVILLE, FL 32606 US **New Mailing Address: Current Mailing Address:** 10316 NW 28TH PLACE GAINESVILLE, FL 32606 US FEI Number: 26-1092791 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

S4E CORP 2231 NW 51 TERRACE GAINESVILLE, FL 32605 US

**OFFICERS AND DIRECTORS:** 

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

Date

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 VIERA, MARIA J
 Name:
 VILLANI, PEDRO I

 Address:
 23 NW 33 CT SUITE 7
 Address:
 10316 NW 28TH PLACE

 Address:
 23 NW 33 CT SUITE 7
 Address:
 10316 NW 28TH PLACE

 City-St-Zip:
 GAINESVILLE, FL 32601 US
 City-St-Zip:
 GAINESVILLE, FL 32606 US

 Title:
 VP
 (X) Delete
 Title:

 Name:
 DURAN, OMAR
 Name:

 Address:
 23 NW 33 CT SUITE 7
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32601 US
 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: PEDRO I VILLANI P 05/21/2009