

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000118342

**FILED**  
**Feb 05, 2009**  
**Secretary of State**

**Entity Name:** TOOLISTIC, INC.

**Current Principal Place of Business:**

10 NORTH SUMMERLIN AVENUE  
38  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 536816  
ORLANDO, FL 32853

**New Mailing Address:**

FEI Number: 26-1321934

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

BARBER, JASON M PSTD  
10 N. SUMMERLIN AVE.  
38  
ORLANDO, FL 32801 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: JASON BARBER

02/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: BARBER, JASON  
Address: 10 NORTH SUMMERLIN AVENUE #38  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: JASON BARBER

PSTD

02/05/2009

Electronic Signature of Signing Officer or Director

Date