2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000013010

Entity Name: IRIS INFOTECH, INC

Address:

City-St-Zip:

7801 POINT MEADOWS DR #8204

JACKSONVILLE, FL 32256 US

FILED May 21, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
7801 POINT MEADOWS DR #8204 JACKSONVILLE, FL 32256 US			7801 POINT MEADO	7801 POINT MEADOWS DR	
			8204 JACKSONVILLE, FL	32256 US	
			·		
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
7801 POINT MEADOWS DR #8204 JACKSONVILLE, FL 32256 US				7801 POINT MEADOWS DR	
			8204 14 CKSONVILLE EL	8204 JACKSONVILLE, FL 32256 US	
			,		
FEI Number	: 26-1909598	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
TUNUGUNTLA, SIRISHA 7801 POINT MEADOWS DR #8204 JACKSONVILLE, FL 32256 US			TUNUGUNTLA, SIR	TUNUGUNTLA, SIRISHA	
				7801 POINT MEADOWS DR	
			8204 JACKSONVILLE, FL	JACKSONVILLE, FL 32256 US	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATURE: SIRISHA Electronic Signature of Registered Agent				05/21/2009	
			ent	Date	
		93(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	PT D () Delete	Title:	() Change () Addition	
Name:	TUNUGUNTLA		Name:		
Address: City-St-Zip:		IEADOWS DR #8204 .E, FL 32256 US	Address: City-St-Zip:		
Oity Ot Zip.	0,10110011112	12, 12 02200 00	Sity St Zip.		
Title:	V () Delete		Title:	() Change () Addition	
Name: TUNUGUNTLA, TEJ KUMAR Address: 7801 POINT MEADOWS DR #8204		Name:	Name: Address:		
City-St-Zip:		.E, FL 32256 US	City-St-Zip:		
		,	,		
Title: Name:) Delete SURESH BABU	Title: Name:	() Change () Addition	
			raino.		

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.

Address:

City-St-Zip:

SIGNATURE: SIRISHA PT D 05/21/2009