2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2009
Secretary of State

DOCUMENT# P08000016099

Entity Name: DARXYDE INC

Current Principal Place of Business:

3691 WINKLER AVE EXT
821
FORT MYERS, FL 33916

New Principal Place of Business:

13331 GREENGATE BLVD.
521
FORT MYERS, FL 33919

Current Mailing Address:

3691 WINKLER AVE EXT
821
FORT MYERS, FL 33916

New Mailing Address:

13331 GREENGATE BLVD.
521
FORT MYERS, FL 33919 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, KATHLEEN M
5646 MONTILLA DR
FORT MYERS, FL 33919 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COULTER, DERRICK L
Address: 3691 WINKLER AVE EXT # 821
City-St-Zip: FORT MYERS, FL 33916 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COULTER, DERRICK L
Address: 13331 GREENGATE BLVD # 521
City-St-Zip: FORT MYERS, FL 33919 US

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: DERRICK COULTER CEO 09/08/2009

Electronic Signature of Signing Officer or Director — Date