## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000042058

Entity Name: COVVO INC.

FILED Jan 14, 2009 Secretary of State

| Current Principal Place of Business:  |   |                                  | New Principal Place of Business:             |  |
|---|---|----------------------------------|--|--|
| 507 EAST<br>TAMPA, FI   | ELLICOTT ST<br>L 33603 US                                 |                                  |  |  |
| Current Mailing Address:  |   |                                  | New Mailing Address:                         |  |
| 507 EAST<br>TAMPA, FI   | ELLICOTT ST<br>L 33603 US                                 |                                  |  |  |
| FEI Number:   | 26-2482278  | FEI Number Applied For()         | FEI Number Not Applicable ( )                | Certificate of Status Desired ( )      |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |   |                                  |  |  |
|   | S, DILLON C<br>ELLICOTT ST<br>L 33603 US                  |                                  |  |  |
|   | named entity :<br>e of Florida.                           | submits this statement for the p | ourpose of changing its registered           | d office or registered agent, or both, |
| SIGNATUR  | RE:   |                                  |  |  |
|   |   | ic Signature of Registered Age   | ent  | Date                                   |
| Election Car  | npaign Financin   | g Trust Fund Contribution ( ).   |  |  |
| OFFICERS AND DIRECTORS:   |   |                                  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | CEO ( )<br>GRIFFITHS, DI<br>507 EAST ELLI<br>TAMPA, FL 33 | COTT STREET                      | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ( ) Change ( ) Addition                |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | CIO ()<br>NUFFER, PETE<br>117 WEST ALV<br>TAMPA, FL 33    | A STREET                         | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ( ) Change ( ) Addition                |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | COO ( )<br>NEHMER, MAR<br>307 W. RIO VIS<br>TAMPA, FL 33  | STA CT                           | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ( ) Change ( ) Addition                |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | CTO ( )<br>NICKELSON, B<br>307 W. RIO VIS<br>TAMPA, FL 33 | STA CT.                          | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ( ) Change ( ) Addition                |

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: DILLON GRIFFITHS CEO 01/14/2009