2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 03, 2009
Secretary of State

DOCUMENT# P08000042058

Entity Name: COVVO INC.

Current Principal Place of Business:

507 EAST ELLICOTT STREET
TAMPA, FL 33603 US

New Principal Place of Business:

Current Mailing Address:

507 EAST ELLICOTT STREET
TAMPA, FL 33603 US

New Mailing Address:

FEI Number: 26-2482278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIFFITHS, DILLON C
507 EAST ELLICOTT STREET
TAMPA, FL 33603 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

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: GRIFFITHS, DILLON C
Address: 507 EAST ELLICOTT STREET
City-St-Zip: TAMPA, FL 33603 US

Title: CIO ( ) Delete
Name: NUFFER, PETER L
Address: 117 WEST ALVA STREET
City-St-Zip: TAMPA, FL 33603 US

Title: COO (X) Delete
Name: NEHMER, MARC D
Address: 307 W. RIO VISTA CT
City-St-Zip: TAMPA, FL 33604 US

Title: CTO (X) Delete
Name: NICKELSON, BRANDON S
Address: 307 W. RIO VISTA CT.
City-St-Zip: TAMPA, FL 33604 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: COO (X) Change ( ) Addition
Name: MARK, NEHMER
Address: 507 EAST ELLICOTT STEET
City-St-Zip: TAMPA, FL 33603 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DILLON GRIFFITHS CEO 09/03/2009

Electronic Signature of Signing Officer or Director Date