

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000046093

Entity Name: OZONE COMPUTERS, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

5371 HICKORY WOOD DR.
NAPLES, FL 34119

New Principal Place of Business:

13020 LIVINGSTON RD.
SUITE 14
NAPLES, FL 34105

Current Mailing Address:

5371 HICKORY WOOD DR.
NAPLES, FL 34119

New Mailing Address:

13020 LIVINGSTON RD.
SUITE 14
NAPLES, FL 34105

FEI Number: 26-2572350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANCTOT LAW, PL
1100 FIFTH AVE. S.
SUITE 201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

HODGE, JASON
13020 LIVINGSTON RD.
SUITE 14
NAPLES, FL 34105 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 HODGE

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: HODGE, JASON
Address: 4888 DAVIS BLVD., #110
City-St-Zip: NAPLES, FL 34104

Title: VP,D () Delete
Name: LINEHAN, DANIEL
Address: 3029 VIA SAN MARCO CT.
City-St-Zip: FT. MYERS, FL 33905

Title: S,D (X) Delete
Name: SHERZER, TRISTAN
Address: 88 31ST ST. SW
City-St-Zip: NAPLES, FL 34117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: HODGE, JASON
Address: 5371 HICKORY WOOD DR
City-St-Zip: NAPLES, FL 34119

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: JASON HODGE

PSTD

04/16/2009

Electronic Signature of Signing Officer or Director

Date