## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000068409

Entity Name: CLOUD PC CORP.

FILED Apr 28, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5338 EASTPOINTE LANE SARASOTA, FL 34232 **Current Mailing Address: New Mailing Address:** 5338 EASTPOINTE LANE SARASOTA, FL 34232 FEI Number: 26-4371495 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: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PTD () Delete Title: CDIR (X) Change ( ) Addition Name: DIOLA, NEIL Name: HILL, JIM 5338 EASTPOINTE LANE 5338 EASTPOINTE LANE Address: Address: City-St-Zip: SARASOTA, FL 34232 City-St-Zip: SARASOTA, FL 34232 VPD Title: ACD Title: () Delete (X) Change ( ) Addition Name: KAMAKOTI, MAHESH R Name: KAMAKOTI, MAHESH R 5338 EASTPOINTE LANE 5338 EASTPOINTE LANE Address: Address: SARASOTA, FL 34232 City-St-Zip: SARASOTA, FL 34232 City-St-Zip: Title: ( ) Delete Title: ( ) Change ( ) Addition WARD, JAMES J Name: Name: 5338 EASTPOINTE LANE Address: Address: City-St-Zip: SARASOTA, FL 34232 City-St-Zip: Title: () Delete Title: DIRS (X) Change ( ) Addition HILL, JIM B CARRASCO, JOSE LUIS Name: Name: Address: 5338 EASTPOINTE LANE Address: 5338 EASTPOINTE LANE City-St-Zip: SARASOTA, FL 34232 City-St-Zip: SARASOTA, FL 34232 Title: Title: ( ) Change (X) Addition () Delete DIMD Name: Name: DIOLA, NEIL A Address: 5338 EAST POINTE LN Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34232

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: JIM HILL CD 04/28/2009