## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000081600

Entity Name: ISOTROPY, INC.

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place	of Business:
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518 LORA STREET 1371 WINDSOR HARBOR DRIVE

NEPTUNE BEACH, FL 32266 US JACKSONVILLE, FL 32225 US

Current Mailing Address: New Mailing Address:

518 LORA STREET

NEPTUNE BEACH, FL 32266 US

1371 WINDSOR HARBOR DRIVE
JACKSONVILLE, FL 32225 US

FEI Number: 26-3290077 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:

VONADA, CHRISTOPHER S
518 LORA STREET
NEPTUNE BEACH, FL 32266 US
VONADA, CHRISTOPHER S
1371 WINDSOR HARBOR DRIVE
JACKSONVILLE, FL 32225 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: 04/20/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition VONADA, CHRISTOPHER S VONADA, CHRISTOPHER S Name: Name: 518 LORA STREET 1371 WINDSOR HARBOR DRIVE Address: Address: City-St-Zip: NEPTUNE BEACH, FL 32266 US City-St-Zip: JACKSONVILLE, FL 32225 US

VΡ Title: (X) Change ( ) Addition Title: ( ) Delete VONADA, CHRISTOPHER S VONADA, CHRISTOPHER S Name: Name: 518 LORA STREET 1371 WINDSOR HARBOR DRIVE Address: Address: NEPTUNE BEACH, FL 32266 US JACKSONVILLE, FL 32225 US City-St-Zip: City-St-Zip:

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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: CHRISTOPHER S. VONADA P 04/20/2009