

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000109176

**FILED**  
**Jun 05, 2009**  
**Secretary of State****Entity Name:** PENNYBENDER INC.**Current Principal Place of Business:**4960 HWY 90  
SUITE 123  
PACE, FL 32571 US**New Principal Place of Business:****Current Mailing Address:**4960 HWY 90  
SUITE 123  
PACE, FL 32571 US**New Mailing Address:****FEI Number:** 26-3888600**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MULLIKIN, HYRUM K  
6480 SINCLAIR ST.  
MILTON, FL 32570 US**Name and Address of New Registered Agent:**GONCALVES, MICHAEL A  
4351 WILLOW ST.  
PACE, FL 32571 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:** MICHAEL GONCALVES

06/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** GONCALVES, MICHAEL A  
**Address:** 4351 WILLOW ST.  
**City-St-Zip:** PACE, FL 32571 US**Title:** TRES (X) Delete  
**Name:** MULLIKIN, HYRUM K  
**Address:** 6480 SINCLAIR ST.  
**City-St-Zip:** MILTON, FL 32570 US**Title:** SEC ( ) Delete  
**Name:** PATRICK, DEVIN E  
**Address:** 684 LYNDEN RD.  
**City-St-Zip:** PENSACOLA, FL 32503 US**Title:** VP ( ) Delete  
**Name:** DIXON, JOHN C  
**Address:** 440 BELLE CHASE CT.  
**City-St-Zip:** PENSACOLA, FL 32506 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PRES (X) Change ( ) Addition  
**Name:** GONCALVES, MICHAEL A  
**Address:** 4351 WILLOW ST.  
**City-St-Zip:** PACE, FL 32571 US**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****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:** MICHAEL GONCALVES

PRES

06/05/2009

Electronic Signature of Signing Officer or Director

Date