

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000081438

Entity Name: INFINITY MOGULS, INC.

FILED
Sep 24, 2010
Secretary of State

Current Principal Place of Business:

184 59 PINES BLVD., SUITE 269
PEMBROKE PINES, FL 33029

New Principal Place of Business:

184 59 PINES BLVD.
SUITE 269
PEMBROKE PINES, FL 33029

Current Mailing Address:

184 59 PINES BLVD., SUITE 269
PEMBROKE PINES, FL 33029

New Mailing Address:

184 59 PINES BLVD.
SUITE 269
PEMBROKE PINES, FL 33029

FEI Number: 80-0488590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DILLETT, PASCALLE A
184 59 PINES BLVD., SUITE 269
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

DILLETT, PASCALLE A
184 59 PINES BLVD.
SUITE 269
PEMBROKE PINES, FL 33029 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: PASCALLE DILLETT

09/24/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: WILSON, WALLACE W JR.
Address: 184 59 PINES BLVD., SUITE 269
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VPTS
Name: DILLETT, PASCALLE A
Address: 184 59 PINES BLVD., SUITE 269
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VPTS
Name: DILLETT, PASCALLE A
Address: 18400 PINES BLVD. STE. 269
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VPTS
Name: DILLETT, PASCALLE A
Address: 18400 PINES BLVD. STE. 269
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VPTS
Name: DILLETT, PASCALLE A
Address: 18400 PINES BLVD. STE. 269
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VPTS
Name: DILLETT, PASCALLE A
Address: 18400 PINES BLVD. STE. 269
City-St-Zip: PEMBROKE PINES, FL 33025

I hereby 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 all other like empowered.

SIGNATURE: PASCALLE DILLETT

VPTS

09/24/2010

Electronic Signature of Signing Officer or Director

Date