

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000027874

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

**Entity Name:** BRAIN CLOUD INTERACTIVE, INC.

**Current Principal Place of Business:**

416 MANOR BLVD.  
PALM HARBOR, FL 34683 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1388  
OLDSMAR, FL 34677 US

**New Mailing Address:**

PO BOX 849  
OLDSMAR, FL 34677 US

**FEI Number:** 27-2277152

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INGENERI, NIKOLAUS  
9957 STOCKBRIDGE DR.  
TAMPA, FL 33626 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: DAVENPORT, JONATHAN  
Address: 416 MANOR BLVD.  
City-St-Zip: PALM HARBOR, FL 34683 US

Title: D  
Name: CREMEANS, ANDREW  
Address: 4114 APPLE BLOSSOM RD.  
City-St-Zip: LUTZ, FL 33558 US

Title: D  
Name: INGENERI, NIKOLAUS  
Address: 9957 STOCKBRIDGE DR.  
City-St-Zip: TAMPA, FL 33626 US

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: NIKOLAUS INGENERI

D

01/31/2012

Electronic Signature of Signing Officer or Director

Date