

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000058423

Entity Name: NUVOLASYS, INC.

**FILED**  
**Jun 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2519 OAK STREET  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

2519 OAK STREET  
JACKSONVILLE, FL 32204

**New Mailing Address:**

FEI Number: 45-2605915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SWEET, MATTHEW R  
2519 OAK STREET  
JACKSONVILLE, FL 32204 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: PRES  
Name: MARCHI, DONALD  
Address: 5865 FRIARS RD, UNIT 3202  
City-St-Zip: SAN DIEGO, CA 92110

Title: VP  
Name: SWEET, MATTHEW R  
Address: 2519 OAK STREET  
City-St-Zip: JACKSONVILLE, FL 32204

Title: SECR  
Name: SMITH, WAYNE R III  
Address: 6244 POTTSBURG PLANTATION BLVD  
City-St-Zip: JACKSONVILLE, FL 32216

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: WAYNE R. SMITH III

SECR

06/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date