## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P18555

Entity Name: CAPFORM, INC.

FILED Jul 31, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1455 HALSEY WAY 1455 HALSEY WAY PO BOX 111130 CARROLLTON, TX 75007 US CARROLLTON, TX 750111130 US **New Mailing Address: Current Mailing Address:** POST OFFICE BOX 111130 CARROLLTON, TX 750111130 FEI Number: 75-1677890 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: NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition Name: DOZZO, MARIO, Name: 5100 VERSE VALLEY Address: Address: City-St-Zip: DALLAS, TX 75240 City-St-Zip: Title: SD Title: () Delete () Change () Addition Name: DOZZO, DAVID Name: 3883 TURTLE CRK. #506 Address: Address: City-St-Zip: DALLAS, TX City-St-Zip: Title: VPF Title: ( ) Delete () Change () Addition GRIMES, JOHN P Name: Name: 1455 HALSEY WAY Address: Address: City-St-Zip: CARROLLTON, TX 75007 City-St-Zip: Title: () Delete Title: VΡ ( ) Change (X) Addition BELLISIMO, TONY Name: Name: Address: Address: 1455 HALSEY WAY City-St-Zip: City-St-Zip: CARROLLTON, TX 75007 Title: Title: ( ) Change (X) Addition ( ) Delete LAFLEUR, LUC Name: Name: Address: Address: 1455 HALSEY WAY City-St-Zip: City-St-Zip: CARROLLTON, TX 75007 Title: () Delete Title: ( ) Change (X) Addition RENAUD, JIM Name: Name: 1455 HALSEY WAY Address: Address: City-St-Zip: City-St-Zip: CARROLLTON, TX 75007

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: JOHN P GRIMES VPF 07/31/2008