

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38257

FILED
Feb 25, 2009
Secretary of State

Entity Name: BOYKEN INTERNATIONAL, INC.

Current Principal Place of Business:

4901 VINELAND RD
STE 350
ORLANDO, FL 32811 US

New Principal Place of Business:

Current Mailing Address:

400 NORTHRIDGE ROAD
STE 1200
ATLANTA, GA 30350 US

New Mailing Address:

FEI Number: 58-1418831 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: BOYKEN, DONALD R
Address: 4561 OLDE PERIMETER WAY, UNIT 306
City-St-Zip: ATLANTA, GA 30346

Title: VP () Delete
Name: SCHRANK, EDWARD
Address: 509 MAJESTIC OAK DR
City-St-Zip: APOPKA, FL 32712 40

Title: VP () Delete
Name: MORTIMER, DAVID S
Address: 145 WENTWORTH
City-St-Zip: ALPHARETTA, GA 30022

Title: TD () Delete
Name: HARRISON, JAMES
Address: 2040 FEDERAL ROAD
City-St-Zip: ROSWELL, GA 30075

Title: CONT () Delete
Name: LONG, CHRISTINE
Address: 10140 N COLEMAN RD
City-St-Zip: ROSWELL, GA 30075

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CONT (X) Change () Addition
Name: TROVATO, CHRISTINE
Address: 10140 N COLEMAN RD
City-St-Zip: ROSWELL, GA 30075

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: CHRISTINE TROVATO

CONT

02/25/2009

Electronic Signature of Signing Officer or Director

_____ Date