2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000077186

Entity Name: PIXELSTORM, INC.

City-St-Zip:

ORLANDO, FL 32825

FILED Jan 15, 2009 Secretary of State

y	mer inclor	Ortivi, ii vo.					
Current P	rincipal Place	of Business:	New Prin	New Principal Place of Business:			
SUITE 101	SIANA AVE PARK, FL 3278	89	SUITE D-	3823 N ECONLOCKHATCHEE TRAIL SUITE D-5 ORLANDO, FL 32817			
Current M	lailing Addres	ss:	New Mail	New Mailing Address:			
SUITE 101	ISIANA AVE PARK, FL 3279	90 US	SUITE D-	3823 N ECONLOCKHATCHEE TRAIL SUITE D-5 ORLANDO, FL 32817			
FEI Number:	: 59-3399118	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Des	ired ()	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
SUITE 101	ISIANA AVE	39 US	3823 Ň EG SUITE D-	ROSS, KATHRYN V 3823 N ECONLOCKHATCHEE TRAIL SUITE D-5 ORLANDO, FL 32817 US			
	named entity : e of Florida.	submits this statement for the	ourpose of changing	its registered off	ice or registered ager	ıt, or both,	
SIGNATURE:				01/15/2009			
	Electror	nic Signature of Registered Ag	ent		Date		
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () ROSS, KATHR' 1449 CASA RIO ORLANDO, FL	DORIVE	Title: Name: Address: City-St-Zip:	()(Change () Addition		
Title: Name: Address: City-St-Zip:	D () ROSS, CHARL 1449 CASA RIO ORLANDO, FL	D DR	Title: Name: Address: City-St-Zip:	() (Change ()Addition		
Title: Name: Address:	D () ROSS, JAMES 1449 CASA RIO		Title: Name: Address:	() (Change () Addition		

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.

City-St-Zip:

SIGNATURE: KATHRYN V ROSS P 01/15/2009