2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

DOCUMENT# P97000066393

Entity Name: FLOCAL, INC.

Current Principal Place of Business:

COMFORT INN
400 E. INTERNATIONAL SPEEDWAY BLVD.
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

COMFORT INN
400 E. INTERNATIONAL SPEEDWAY BLVD.
DELAND, FL 32724

New Mailing Address:

FEI Number: 59-3468971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DESAI, M.P.
400 E INTERNATIONAL SPEEDWAY BLVD
DELAND, FL 32724 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: D ( ) Delete
Name: MAROLIA, JANAK S
Address: 8761 SOUTHERN BREEZE DRIVE
City-St-Zip: ORLANDO, FL 32836

Title: D ( ) Delete
Name: DESAI, THAKOR C
Address: 1107 MOCKINGBIRD TRAIL
City-St-Zip: SAN JOSE, CA 95120

Title: D ( ) Delete
Name: DESAI, MAHENDRA P
Address: 1505 GINGERSNAP TRAIL
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete
Name: MAROLIA, MAHESH S
Address: 2630 SW 36TH LANE
City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete
Name: DESAI, JANAK N
Address: 2321 ROCHELLE AVE
City-St-Zip: KISSIMMEE, FL 34746

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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

Title: GM ( ) Change (X) Addition
Name: DESAI, MAHENDRA P
Address: 1505 GINGERSNAP TRAIL
City-St-Zip: DELAND, FL 32720

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: M. P. DESAI GM 04/05/2009

Electronic Signature of Signing Officer or Director — Date