2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000069091

Entity Name: INTERACTIVE FINANCIAL NETWORK, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10200 STATE ROAD 84 SUITE 205 DAVIE, FL 33324

Current Mailing Address: New Mailing Address:

320 S FLAMINGO RD 5722 S FLAMINGO RD 310 375
PEMBROKE PINES, FL 33027 COOPER CITY, FL 33330

FEI Number: 65-0777562 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:

 MOORE, HUGH A
 MOORE, HUGH A

 320 S FLAMINGO RD
 5722 S FLAMINGO RD

 STE 310
 # 375

 PEMBROKE PINES, FL 33027 US
 COOPER CITY, FL 33330 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: 04/27/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CSD () Delete Title: CSD (X) Change () Addition

 Name:
 MOORE, HUGH A
 Name:
 MOORE, HUGH A

 Address:
 320 S FLAMINGO ROAD #310
 Address:
 5722 S FLAMINGO ROAD #375

 City-St-Zip:
 PEMBROKE PINES, FL 33027
 City-St-Zip:
 COOPER CITY, FL 33330

() Delete Title: Title: PD (X) Change () Addition BONITTO-MOORE, CHRISTINE A Name: Name: BONITTO-MOORE, CHRISTINE A 320 S FLAMINGO ROAD #310 5722 S FLAMINGO ROAD #375 Address: Address: PEMBROK E PINES, FL 33027 COOPER CITY, FL 33330 City-St-Zip: City-St-Zip:

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: HUGH MOORE CSD 04/27/2009