

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 OCT 10 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10072008 Chg-P CR2E034 (12/06)

| | | | | | |
|--|--|---|--|---|--|
| DOCUMENT # P98000018477 1. Entity Name AUTOMATION INTELLIGENCE, INC. | | | | | |
| Principal Place of Business 2706 LAKE GRASSMERE CT. ZELLWOOD, FL 32798 | | | Mailing Address 2706 LAKE GRASSMERE CT. ZELLWOOD, FL 32798 | | |
| 2. Principal Place of Business - No P.O. Box # 6801 LAKE WORTH RD. | | 3. Mailing Address 6801 LAKE WORTH RD | | | |
| Suite, Apt. #, etc. 119 | | Suite, Apt. #, etc. 119 | | | |
| City & State LAKE WORTH FL | | City & State LAKE WORTH FL | | 4. FEI Number NOT APPLICABLE | |
| Zip 33467 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HUDSON, C.A. 2706 LAKE GRASSMERE CT. ZELLWOOD, FL 32798 | | | 7. Name and Address of New Registered Agent Name: LARRY NEWMAN Street Address (P.O. Box Number is Not Acceptable): 6801 LAKE WORTH ROAD STE 119 City: LAKE WORTH FL Zip Code: 33467 | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: LARRY NEWMAN 10/7/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO HUDSON, C.A. 2706 LAKE GRASSMERE CT. ZELLWOOD, FL 32798 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> 900136891709 10/14/08--01005--003 **\$61.75 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div> PDST LARRY NEWMAN 6801 LAKE WORTH RD STE 119 LAKE WORTH, FL 33467 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: LARRY NEWMAN 10/7/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |