2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2008
Secretary of State

DOCUMENT# P98000052982

Entity Name: POSEIDIS, INC.

Current Principal Place of Business:

222 LAKEVIEW AVE
SUITE 160
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

222 LAKEVIEW AVE
SUITE 160
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 65-0867538 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:	P/D	( ) Delete
Name:	PARDO, LOUIS	
Address:	222 LAKEVIEW AVENUE, SUITE 160	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	S/D	( ) Delete
Name:	BOISVERT, DIANE	
Address:	222 LAKEVIEW AVE, SUITE 160	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	VT/D	( ) Delete
Name:	MCGOVERN, JOHN J	
Address:	117 NASSAU DRIVE	
City-St-Zip:	LAWRENCEVILLE, NJ 08648	
Title:	D	( ) Delete
Name:	PAGANO, CLINTON L	
Address:	222 LAKEVIEW AVENUE, SUITE 160	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	D	( ) Delete
Name:	MURPHY, JOHN G	
Address:	222 LAKEVIEW AVENUE, SUITE 160	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	D	( ) Delete
Name:	PRUNETTI, ROBERT D	
Address:	222 LAKEVIEW AVENUE, SUITE 160	
City-St-Zip:	WEST PALM BEACH, FL 33401	

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:	( ) Change ( ) Addition
Name:	
Address:	
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: /S/ JOHN J. MCGOVERN VT/D 08/27/2008

Electronic Signature of Signing Officer or Director — Date