## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000058690

Entity Name: VIRIDAX CORPORATION

FILED Jan 14, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 270 N.W. 3RD COURT BOCA RATON, FL 33432 **Current Mailing Address: New Mailing Address:** 270 N.W. 3RD COURT BOCA RATON, FL 33432 FEI Number: 65-1138291 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: DEWEES, LEDYARD H 270 NW THIRD COURT BOCA RATON, FL 33432 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition HONOUR, RICHARD C Name: Name: 19211 64TH PLACE Address: Address: City-St-Zip: KENMORE, WA 98028 City-St-Zip: Title: Title: () Delete () Change () Addition Name: DEWEES, LEDYARD H Name: 270 NW 3RD COURT Address: Address: BOCA RATON, FL 33432 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition SKEIKH, JAVAID I Name: Name: 18620 STARRETT COURT Address: Address: City-St-Zip: CUPERTINO, CA 95014 City-St-Zip: Title: () Delete Title: () Change () Addition LEHMAN, KEN Name: Name: Address: 6422 NE 192ND PLACE Address: City-St-Zip: KENMORE, WA 98028 City-St-Zip: Title: Title: ( ) Delete () Change () Addition MALONEY, MIKE Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: LEDYARD H. DEWEES S 01/14/2008

16050 NE 165TH STREET

WOODINVILLE, WA 98072

Address: City-St-Zip: