2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000009665

Entity Name: THE BALLISTIC PIXEL LAB INC.

FILED Feb 10, 2009 Secretary of State

Current Princip	al Place of Business:	New Princip	al Place of Business

600 TECHNOLOGY PARK DRIVE 600 TECHNOLOGY PARK

SUITE 104 SUITE 104

LAKE MARY, FL 32746 US LAKE MARY, FL 32746 US

Current Mailing Address: New Mailing Address:

600 TECHNOLOGY PARK DRIVE 600 TECHNOLOGY PARK

SUITE 104 SUITE 104

LAKE MARY, FL 32746 US LAKE MARY, FL 32746 US

FEI Number: 59-3558731 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:

DAVIS, NICHOLAS

600 TECHNOLOGY PARK DRIVE

SUITE 104

LAKE MARY, FL 32746 US

BEASON, VIVIAN T

600 TECHNOLOGY PARK

SUITE 104

LAKE MARY, FL 32746 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: VIVIAN T. BEASON 02/10/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: HEBEL, DAVID Name: HEBEL, DAVID

Address: 600 TECHNOLOGY PARK DRIVE, SUITE 104 Address: 600 TECHNOLOGY PARK, SUITE 104

City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: LAKE MARY, FL 32746

 $\label{eq:title:pdf} \mbox{Title:} \qquad \mbox{P,D} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{P,D} \qquad \mbox{(X) Change () Addition}$

Name: BEASON, VIVIAN Name: BEASON, VIVIAN T

Address: 600 TECHNOLOGY PARK DRIVE, SUITE 104 Address: 600 TECHNOLOGY PARK, SUITE 104

City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: LAKE MARY, FL 32746

Title: EVP (X) Delete Title: () Change () Addition Name: DAVIS. NICHOLAS Name:

 Name:
 DAVIS, NICHOLAS
 Name:

 Address:
 600 TECHNOLOGY PARK DRIVE, SUITE 104
 Address:

 City-St-Zip:
 LAKE MARY, FL 32746
 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: VIVIAN T. BEASON P,D 02/10/2009