## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000026412

Address:

City-St-Zip:

Entity Name: SOUTH FLORIDA KINETICS, INC.

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
504 CARNEGIE CTR. PRINCETON, NJ 08540				504 CARNE PRINCETO	EGIE CTR N, NJ 08540	) US	
Current Mailing Address:				New Mailing Address:			
504 CARNEGIE CTR. PRINCETON, NJ 08540				504 CARNE PRINCETO	EGIE CTR N, NJ 08540	) US	
FEI Number:	65-0576115	FEI Number Applied For()	FEI Num	nber Not Appli	cable ( )	Certifica	ate of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
HARRIS, MICHAEL ESQ. CT CORPORATION SYSTEM SUITE 310H PINE ISLAND ROAD PLANTATION, FL 33401 US				CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33401 US			
The above in the State		ubmits this statement for the pur	rpose of	f changing it	s registered	office or I	registered agent, or both,
SIGNATURE: CT CORPORATION SYSTEM				01/14/2009			
	Electroni	c Signature of Registered Agent	t				Date
Election Cam	npaign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CFOD () HAMILL, JOHN F 504 CARNEGIE PRINCETON, NJ	CENTER		Title: Name: Address: City-St-Zip:	T D (X HAMILL, JOHN 504 CARNEGI PRINCETON,	NP ECTR	( ) Addition
Title: Name: Address: City-St-Zip:	D () MCMULLEN, JE 504 CARNEGIE PRINCETON, NJ	CENTER		Title: Name: Address: City-St-Zip:	P D (X MCMULLEN, X 504 CARNEGI PRINCETON,	EFFREY E CTR	( ) Addition
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	S ( DEITZ, ROBE 504 CARNEGI PRINCETON,	RT E CTR	(X) Addition
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	AS ( VODOVOZ, GI 504 CARNEGI PRINCETON,	ENE E CTR	(X) Addition
Title: Name:	()	Delete		Title: Name:	AT ( BURKE, LILIA		(X) Addition

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:

504 CARNEGIE CTR PRINCETON, NJ 08540 US

SIGNATURE: JOHN P. HAMILL T 01/14/2009