2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S21673

City-St-Zip:

Entity Name: INFINISYS, INC.

FILED Jan 04, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5 CROSS CREEK STE 100 ORMOND BEACH, FL 32174 US **New Mailing Address: Current Mailing Address:** P O BOX 731799 ORMOND BEACH, FL 321731799 US FEI Number: 59-3042861 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: SMITH, HOOD, PERKINS, LOUCKS, STOUT BIGMAN, LANÉ & BROCK, P.A./JUDITH LANÉ, ESQ 444 SEABREEZE BLVD, SUITE 900 DAYTONA BEACH, FL 32118 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: (X) Change () Addition HOLTZ, RICHARD HOLTZ, RICHARD Name: Name: 5 CROSS CREEK WAY PO BOX 731988 Address: Address: City-St-Zip: ORMOND BCH, FL 32174 City-St-Zip: ORMOND BCH, FL 321731988 US Title: Title: () Delete (X) Change () Addition Name: HOLTZ, ROCHELLE Name: HOLTZ, ROCHELLE 5 CROSS CREEK WAY PO BOX 731988 Address: Address: ORMOND BCH, FL 32174 ORMOND BCH, FL 321731988 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition HOLTZ, JENNIFER Name: Name: PO BOX 731988 Address Address: City-St-Zip: City-St-Zip: ORMOND BEACH, FL 321731988 US Title: () Delete Title: () Change (X) Addition HOLTZ, JASON Name: Name: Address: Address: PO BOX 731988

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.

City-St-Zip:

ORMOND BEACH, FL 321731988 US

SIGNATURE: ROCHELLE HOLTZ SECY 01/04/2008