2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# S21673

Entity Name: INFINISYS, INC.

Current Principal Place of Business:

5 CROSS CREEK
STE 100
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 731799
ORMOND BEACH, FL 321731799 US

New Mailing Address:

FEI Number: 59-3042861 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, HOOD, PERKINS, LOUCKS, STOUT,
BIGMAN, LANE & BROCK, P.A./JUDITH LANE,ESQ
444 SEABREEZE BLVD, SUITE 900
DAYTONA BEACH, FL 32118 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: D ( ) Delete
Name: HOLTZ, RICHARD
Address: PO BOX 731988
City-St-Zip: ORMOND BCH, FL 321731988 US

Title: D ( ) Delete
Name: HOLTZ, ROCHELLE
Address: PO BOX 731988
City-St-Zip: ORMOND BCH, FL 321731988 US

Title: D ( ) Delete
Name: HOLTZ, JENNIFER
Address: PO BOX 731988
City-St-Zip: ORMOND BEACH, FL 321731988 US

Title: D ( ) Delete
Name: HOLTZ, JASON
Address: PO BOX 731988
City-St-Zip: ORMOND BEACH, FL 321731988 US

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:

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: ROCHELLE HOLTZ D 01/19/2009

Electronic Signature of Signing Officer or Director Date