

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S65342

FILED
Jan 07, 2009
Secretary of State

Entity Name: INJECT A FLOOR SYSTEMS, INC.

Current Principal Place of Business:

6400 NW 2ND AVE.
#423
BOCA RATON, FL 33487 US

New Principal Place of Business:

4894 SUGAR PINE DR.
BOCA RATON, FL 33487 US

Current Mailing Address:

6400 NW 2ND AVE.
#423
BOCA RATON, FL 33487 US

New Mailing Address:

4894 SUGAR PINE DR.
BOCA RATON, FL 33487 US

FEI Number: 65-0285103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DISTEFANO, ARLENE M
6400 N.W. 2ND AVE. #423
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

GIAMBALVO, ARLENE M
4894 SUGAR PINE DR.
BOCA RATON, FL 33487 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: ARLENE M. GIAMBALVO

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DISTEFANO, ARLENE M
Address: 6400 N.W. 2ND AVE., #423
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GIAMBALVO, ARLENE M
Address: 4894 SUGAR PINE DR.
City-St-Zip: BOCA RATON, FL 33487

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: ARLENE M. GIAMBALVO

PD

01/07/2009

Electronic Signature of Signing Officer or Director

Date