

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000079629

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: CODIS, INC.

## Current Principal Place of Business:

7900 HARBOR ISLAND DRIVE  
SUITE 1216  
NORTH BAY VILLAGE, FL 33141 US

## Current Mailing Address:

7900 HARBOR ISLAND DRIVE  
SUITE 1216  
NORTH BAY VILLAGE, FL 33141 US

FEI Number: 26-0521947

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KIRSCHNER, CODY  
7900 HARBOR ISLAND DR  
1216  
MIAMI BEACH, FL 33141 US

## New Principal Place of Business:

7910 HARBOR ISLAND DRIVE  
SUITE 1210  
NORTH BAY VILLAGE, FL 33141 US

## New Mailing Address:

7910 HARBOR ISLAND DRIVE  
SUITE 1210  
NORTH BAY VILLAGE, FL 33141 US

## Name and Address of New Registered Agent:

KIRSCHNER, CODY  
7910 HARBOR ISLAND DR  
1210  
MIAMI BEACH, FL 33141 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: CODY KIRSCHNER

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KIRSCHNER, CODY  
Address: 7900 HARBOR ISLAND DRIVE SUITE 1216  
City-St-Zip: MIAMI BEACH, FL 33141

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KIRSCHNER, CODY  
Address: 7910 HARBOR ISLAND DRIVE SUITE 1210  
City-St-Zip: MIAMI BEACH, FL 33141

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: CODY KIRSCHNER

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date