

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 194287

FILED
Mar 23, 2009
Secretary of State

Entity Name: DIMARE JOHNS ISLAND, INC.

Current Principal Place of Business:

258 N.W. FIRST AVENUE
FLORIDA CITY, FL 33034 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9000460
HOMESTEAD, FL 330900460 US

New Mailing Address:

FEI Number: 59-0779833 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SACHER, CHARLES P
2655 LEJUNE RD, STE 1101
CORAL ABLES, FL 33134 US

Name and Address of New Registered Agent:

SACHER, CHARLES P
2655 LEJUNE RD, STE 1101
CORAL GABLES, FL 33134 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

03/23/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: DIMARE, PAUL J.
Address: 258 N.W. 1ST AVE.
City-St-Zip: HOMESTEAD, FL 33034

Title: PST () Delete
Name: DIMARE, PAUL J.
Address: 258 N.W. 1ST AVE.
City-St-Zip: HOMESTEAD, FL 33034

Title: D () Delete
Name: DIMARE, ANTHONY J
Address: 258 N W 1ST AVENUE
City-St-Zip: FLORIDA CITY, FL 33034

Title: DV () Delete
Name: DIMARE, SCOTT M
Address: 258 NW 1ST AVE.
City-St-Zip: HOMESTEAD, FL 33034

Title: CFO () Delete
Name: FOLWELL, RONALD
Address: 258 NW 1ST. AVE.
City-St-Zip: HOMESTEAD, FL 33034

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:

Title: CFO (X) Change () Addition
Name: FOLWELL, RONALD L
Address: 258 NW 1ST. AVE.
City-St-Zip: HOMESTEAD, FL 33034

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: RONALD L. FOLWELL

Electronic Signature of Signing Officer or Director

CFO

03/23/2009

Date