

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

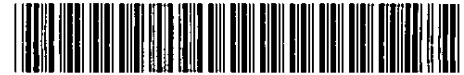
FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90012 047 ***150.00

DOCUMENT # 285196
 1. Entity Name
2460 CORPORATION



Principal Place of Business: **2460 SOUTH FEDERAL HIGHWAY BOYNTON BEACH FL 33435**
 Mailing Address: **2460 SOUTH FEDERAL HIGHWAY BOYNTON BEACH FL 33435**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State
 Zip Country

4. FEI Number **59-1387070**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
HOULIHAN, MARYANN
2460 S FED HWY
APT 8
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE Maryann Houlihan, Secy Maryann Houlihan DATE 2-21-08
Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered Agent signature required when filing a report)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
T NAME O'DONNELL, JAMES STREET ADDRESS 2460 S. FEDERAL HWY., #17 CITY-ST-ZIP BOYNTON BCH FL	<input type="checkbox"/> Delete
P NAME TACELLI, RICHARD STREET ADDRESS 2460 S. FEDERAL HWY., #20 CITY-ST-ZIP BOYNTON BCH FL	<input type="checkbox"/> Delete
D NAME KORNMEYER, HAROLD STREET ADDRESS 2460 S FED HWY #6 CITY-ST-ZIP BOYNTON BEACH FL 33435	<input type="checkbox"/> Delete
1VP NAME HOULIHAN, JAMES STREET ADDRESS 2460 S FEDERAL HWY #8 CITY-ST-ZIP BOYNTON BEACH FL 33435	<input type="checkbox"/> Delete
D NAME VENTRE, AL STREET ADDRESS 2460 S. FEDERAL HWY. #19 CITY-ST-ZIP BOYNTON BEACH FL 33435	<input type="checkbox"/> Delete
S NAME HOULIHAN, MARYANN STREET ADDRESS 2460 S. FEDERAL HWY #8 CITY-ST-ZIP BOYNTON BCH FL 33435	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME Houlihan, James STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME Ventre, Al STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James Houlihan Maryann Houlihan DATE 2-21-08 561-734-6340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR City Daytime Phone #