

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702364

FILED
Mar 31, 2010
Secretary of State

Entity Name: 455 AUSTRALIAN AVENUE CORP.

Current Principal Place of Business:

455 AUSTRALIAN AVE.
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

455 AUSTRALIAN AVE.
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 59-0877051 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROBINSON, CARALYN P
455 AUSTRALIAN AVE.
PALM BEACH, FL 33480 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

OFFICERS AND DIRECTORS:

Title: D
Name: MAJOR, ELEANOR
Address: 455 AUSTRALIAN AVE.
City-St-Zip: PALM BCH., FL 33480

Title: P.
Name: KIBORT, CHARLES A JR
Address: 455 AUSTRALIAN AVE
City-St-Zip: PALM BEACH, FL 33480

Title: T
Name: STIBOLT, CARL
Address: 455 AUSTRALIAN AVE
City-St-Zip: PALM BEACH, FL 33480

Title: S
Name: FREDRICKS, JOAN
Address: 455 AUSTRALIAN AVE
City-St-Zip: PALM BEACH, FL 33480

Title: VP
Name: MILLER, GINA
Address: 455 AUSTRALIAN AVE.
City-St-Zip: PALM BEACH, FL 33480

Title: AS
Name: ROBINSON, CARALYN P
Address: 455 AUSTRALIAN AVE.
City-St-Zip: PALM BEACH, FL 33480

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARALYN P. ROBINSON

AS

03/31/2010

Electronic Signature of Signing Officer or Director

_____ Date