2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# P05000077077

Entity Name: TOMIKA SPIRES-HANSSEN, P.A.

Current Principal Place of Business:

4874 S HUMMINGBIRD AVE
INVERNESS, FL 34452 US

New Principal Place of Business:

Current Mailing Address:

4874 S HUMMINGBIRD AVE
INVERNESS, FL 34452 US

New Mailing Address:

FEI Number: 20-2931520 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIRES-HANSSEN, TOMIKA
6715 E FALCON REST LANE
INVERNESS, FL 34452 US

Name and Address of New Registered Agent:

SPIRES-HANSSEN, TOMIKA
4874 S HUMMING BIRD AVE
INVERNESS, FL 34452 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: TOMIKA SPIRES-HANSSEN 04/23/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SPIRES-HANSSEN, TOMIKA
Address: 6715 E FALCON REST LANE
City-St-Zip: INVERNESS, FL 34452

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: SPIRES-HANSSEN, TOMIKA
Address: 4874 S HUMMINGBIRD AVE
City-St-Zip: INVERNESS, FL 34452

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: TOMIKA SPIRES-HANSSEN P 04/23/2009
Electronic Signature of Signing Officer or Director Date