## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05237

Title:

Name:

Address:

City-St-Zip:

JOHNSON, MIRMIRAN & THOMPSON, INC

FILED Jan 23, 2009 Secretary of State

Entity Name: JOHNSON, MIRMIRAN & THOMPSON, INC.						
Current Principal Place of Business:			New Princ	ipal Place of Business:		
72 LOVETO SPARKS, N	ON CIRCLE MD 21152					
Current Mailing Address:			New Mailing Address:			
72 LOVETO SPARKS, N	ON CIRCLE MD 21152					
FEI Number:	52-0963531	FEI Number Applied For ( )	FEI Number Not Appli	cable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
SUITE 106	ON D CENT EXECU <sup>T</sup> Y, FL 32746 (					
The above in the State		ubmits this statement for the pu	rpose of changing it	s registered office or registered agent, or both,		
SIGNATUR	RE:					
		ic Signature of Registered Ager	nt	Date		
Election Carr	paign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () MIRMIRAN, FRE 72 LOVETON CI SPARKS, MD 2	RCLE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () BURKE, REGIS 72 LOVETON CI SPARKS, MD 2	RCLE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	V () CHENG, DANIEL 72 LOVETON CI SPARKS, MD 2	RCLE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	V () SMULOVITZ, RI 72 LOVETON CI SPARKS, MD 2	R	Title: Name: Address: City-St-Zip:	EXEC (X) Change ( ) Addition SMULOVITZ, RICHARD MR. 72 LOVETON CIR SPARKS, MD 21152 US		

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RICHARD SMULOVITZ EXEC 01/23/2009

( ) Delete

JOHN, MOELLER A MR.

SPARKS, MD 21152 US

72 LOVETON CIRCLE

() Change () Addition