

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000000778

FILED  
May 04, 2009  
Secretary of State

Entity Name: AIXA SCHULTE P.A.

**Current Principal Place of Business:**

3915 LAUREL WOOD LANE  
DELRAY BEACH, FL 33483 US

**New Principal Place of Business:**

3915 LAUREL WOOD LANE  
DELRAY BEACH, FL 33445 US

**Current Mailing Address:**

3915 LAUREL WOOD LANE  
DELRAY BEACH, FL 33483 US

**New Mailing Address:**

3915 LAUREL WOOD LANE  
DELRAY BEACH, FL 33445 US

FEI Number: 20-4041560

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHULTE, AIXA  
3915 LAUREL WOOD LANE  
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

SCHULTE, AIXA D  
3915 LAUREL WOOD LANE  
DELRAY BEACH, FL 33445 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: AIXA D SCHULTE

05/04/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: SCHULTE, AIXA  
Address: 3915 LAUREL WOOD LANE  
City-St-Zip: DELRAY BEACH, FL 33483 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPS (X) Change ( ) Addition  
Name: SCHULTE, AIXA D  
Address: 3915 LAUREL WOOD LANE  
City-St-Zip: DELRAY BEACH, FL 33445 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.

SIGNATURE: AIXA D SCHULTE

DPS

05/04/2009

Electronic Signature of Signing Officer or Director

Date