

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Sep 09, 2008
Secretary of State**

DOCUMENT# P07000132398

Entity Name: PALM COAST FLORIDA PROPERTY MANAGEMENT INC.

Current Principal Place of Business:

29 OLD KINGS ROAD N.
SUITE 4A
PALM COAST, FL 32137

New Principal Place of Business:

2 OFICE PARK DRIVE
SUITE A14
PALM COAST, FL 32137

Current Mailing Address:

29 OLD KINGS ROAD N.
SUITE 4A
PALM COAST, FL 32137

New Mailing Address:

2 OFICE PARK DRIVE
SUITE A14
PALM COAST, FL 32137

FEI Number: 26-1581058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCHELLETTA, ANTHONY SR.
100 FLAMINGO DRIVE
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

MARCHELLETTA, ANTHONY SR.
15 RIVERVIEW BEND N
212
PALM COAST, FL 32137 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: ANTHONY MARCHELLETTA

09/09/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARCHELLETTA, ANTHONY SR
Address: 100 FLAMINGO DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: VP () Delete
Name: MARCHELLETTA, RHONDA
Address: 100 FLAMINGO DRIVE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARCHELLETTA, ANTHONY SR
Address: 15 RIVERVIEW BEND N UNIT 212
City-St-Zip: PALM COAST, FL 32137

Title: VP (X) Change () Addition
Name: MARCHELLETTA, RHONDA
Address: 15 RIVERVIEW BEND NORTH- UNIT 212
City-St-Zip: PALM COAST, FL 32137

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: ANTHONY MARCHELLETTA

PRES

09/09/2008

Electronic Signature of Signing Officer or Director

Date