2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# S18744

Entity Name: WARD, DAMON & POSNER, P.A.

Current Principal Place of Business:

4420 BEACON CIRCLE
SUITE 100
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

4420 BEACON CIRCLE
SUITE 100
WEST PALM BEACH, FL 33407 US

New Mailing Address:

FEI Number: 65-0230315 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARD III, PHILLIP H
4420 BEACON CIRCLE
SUITE 100
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

WARD III, PHILIP H
4420 BEACON CIRCLE
SUITE 100
WEST PALM BEACH, FL 33407 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: PHILIP H WARD III 04/24/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: WARD, PHILIP H III
Address: 4420 BEACON CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: DVS ( ) Delete
Name: DAMON, CONRAD
Address: 4420 BEACON CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: DV ( ) Delete
Name: POSNER, MICHAEL J
Address: 4420 BEACON CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KATHLEEN D'ANTONIO ADM 04/24/2009
Electronic Signature of Signing Officer or Director Date