2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000007992

Entity Name: AMANDA R GLASS, PA

FILED Feb 18, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

500 S AUSTRALIAN AVE 500 S AUSTRALIAN AVE

SUITE 640 SUITE 640

WEST PALM BEACH, FL 33401 US WEST PALM BEACH, FL 334016241 US

Current Mailing Address: New Mailing Address:

P.O. BOX 2582 P.O. BOX 2582

PALM BEACH, FL 33480 US PALM BEACH, FL 334802582 US

FEI Number: 30-0293139 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GLASS, AMANDA R
500 SOUTH AUSTRALIAN AVE
501 SOUTH AUSTRALIAN AVE
500 SOUTH AUSTRALIAN AVE
SUITE 640
501 SOUTH AUSTRALIAN AVE

WEST PALM BEACH, FL 33401 US WEST PALM BEACH, FL 334016241 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: 02/18/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 GLASS, AMANDA R
 Name:
 GLASS, AMANDA R

 Address:
 P.O. BOX 2582
 Address:
 P.O. BOX 2582

City-St-Zip: PALM BEACH, FL 33480 US City-St-Zip: PALM BEACH, FL 334802582 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: AMANDA R GLASS P 02/18/2009