2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 285196

Entity Name: 2460 CORPORATION

FILED Apr 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2460 SOUTH FEDERAL HIGHWAY BOYNTON BEACH, FL 33435 **Current Mailing Address: New Mailing Address:** 2460 SOUTH FEDERAL HIGHWAY BOYNTON BEACH, FL 33435 FEI Number: 59-1387070 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: HOULIHAN, MARYANN 2460 S FED HWY APT 8 BOYNTON BEACH, FL 33435 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition O'DONNELL, JAMES Name: Name: 2460 S. FEDERAL HWY., #17 Address: Address: City-St-Zip: BOYNTON BCH, FL City-St-Zip: Title: Title: () Delete () Change () Addition TACELLI, RICHARD Name: Name: 2460 S. FEDERAL HWY., #20 Address: Address: City-St-Zip: BOYNTON BCH. FL City-St-Zip: Title: Title: () Delete () Change () Addition KORNMEYER, HAROLD Name: Name: 2460 S FED HWY #6 Address: Address: City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: Title: () Delete Title: () Change () Addition HOULIHAN, JAMES Name: Name: Address: 2460 S FEDERAL HWY #8 Address: City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: Title: Title: () Delete () Change () Addition VENTRE, AL Name: Name: 2460 S. FEDERAL HWY. #19 Address: Address: City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: Title: () Delete Title: () Change () Addition HOULIHAN, MARYANN Name: Name: Address: 2460 S. FEDERAL HWY #8 Address: City-St-Zip: City-St-Zip: BOYNTON BCH, FL 33435

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: JAMES O'DONNELL T 04/12/2009