2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# P02000091568

Entity Name: ACQUALINA REALTY, INC.

Current Principal Place of Business:

17780 COLLINS AVENUE
2ND FLR
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

17780 COLLINS AVENUE
2ND FLR
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

FEI Number: 61-1425411 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: MATUS, ALAN
Address: 17780 COLLINS AVENUE 2ND FLR
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VP ( ) Delete
Name: MATUS, JOEL
Address: 17780 COLLINS AVENUE 2ND FLR
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: SVP ( ) Delete
Name: ELBERT, DONALD
Address: 17780 COLLINS AVENUE 2ND FLR
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: AS ( ) Delete
Name: LILLIYCROP, WILLIAM J
Address: 17780 COLLINS AVE., 2ND FLR
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SVP (X) Change ( ) Addition
Name: ELBERT, DONALD J
Address: 17780 COLLINS AVENUE 2ND FLR
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: AS (X) Change ( ) Addition
Name: LILLYCROP, WILLIAM J
Address: 17780 COLLINS AVE., 2ND FLR
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VP ( ) Change (X) Addition
Name: COHEN, MARLA D
Address: 17780 COLLINS AVENUE, 2ND FLOOR
City-St-Zip: SUNNY ISLES, FL 33160

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: WILLIAM J LILLYCROP AS 06/22/2009

Electronic Signature of Signing Officer or Director — Date