

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 203783

Entity Name: THE ROMAINE, INC.

FILED
Jan 22, 2009
Secretary of State

Current Principal Place of Business:

320 INLET WAY
PALM BEACH SHORES
PALM BEACH SHORES, FL 33404

New Principal Place of Business:

Current Mailing Address:

320 INLET WAY
PALM BEACH SHORES
PALM BEACH SHORES, FL 33404

New Mailing Address:

FEI Number: 59-2485267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEING, MARY
320 INLET WAY
THE ROMAINE, INC
WEST PALM BEACH, FL 33404 US

Name and Address of New Registered Agent:

HENIG, MARY
320 INLET WAY
THE ROMAINE, INC
WEST PALM BEACH, FL 33404 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: MARY HENIG

01/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HENIG, MARY
Address: 320 INLET WAY
City-St-Zip: PALM BEACH SHORES, FL 33404

Title: D () Delete
Name: GALANTE, EDITH
Address: 320 INLET WAY
City-St-Zip: PALM BEACH SHORES, FL 33404

Title: TD () Delete
Name: MOORE, MARGIE
Address: 320 INLET WAY
City-St-Zip: PALM BEACH SHORES, FL 33404

Title: SD () Delete
Name: KEHOE, THERESE
Address: 320 INLET WAY
City-St-Zip: PALM BEACH SHORES, FL 33404

Title: VD () Delete
Name: HAYES, BRONWEN
Address: 320 INLET WAY
City-St-Zip: PALM BEACH SHORES, FL 33404

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:

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: MARY HENIG

PD

01/22/2009

Electronic Signature of Signing Officer or Director

Date