# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 16, 2009**
**Secretary of State**

DOCUMENT# 285195

**Entity Name:** 2450 CORPORATION

**Current Principal Place of Business:**

2450 SOUTH FED HWY
APT #10
BOYNTON BCH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

2450 SOUTH FED HWY
APT #10
BOYNTON BCH, FL 33435

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

CAMPBELL, SAM
2450 SOUTH FEDERAL HWY APT #10
BOYNTON BCH, FL 33435 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | P | ( ) Delete |
| Name: | VITALE, ANTHONY | |
| Address: | 2450 S FEDERAL HWY APT 11 | |
| City-St-Zip: | BOYNTON BEACH, FL | |
| Title: | T | ( ) Delete |
| Name: | CAMPBELL, SAM | |
| Address: | 2450 S. FED HWY, APT 10 | |
| City-St-Zip: | BOYNTON BEACH, FL | |
| Title: | VP | ( ) Delete |
| Name: | BARTOL, ROBERT | |
| Address: | 2450 S. FEDERAL HWY APT 9 | |
| City-St-Zip: | BOYNTON BEACH, FL 33435 | |
| Title: | VP | ( ) Delete |
| Name: | PASSINI, JON | |
| Address: | 2450 S FEDERAL HWY APT 7 | |
| City-St-Zip: | BOYNTON BEACH, FL | |
| Title: | S | ( ) Delete |
| Name: | BARTOL, GENEVEIEVE | |
| Address: | 2450 S. FEDERAL HWY APT 9 | |
| City-St-Zip: | BOYNTON BEACH, FL 33435 | |

**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: ROBERT BARTOL VP 02/16/2009

Electronic Signature of Signing Officer or Director — Date