2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 523282

Entity Name: ALBERT J. KRIEGER, P.A.

Current Principal Place of Business:

13635 DEERING BAY DR
254
CORAL GABLES, FL 33158 US

New Principal Place of Business:

Current Mailing Address:

13635 DEERING BAY DR
254
CORAL GABLES, FL 33158 US

New Mailing Address:

C/O HMD 1557 NE 164 STREET
201
NORTH MIAMI BEACH, FL 331624077 US

FEI Number: 59-1800369 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRIEGER, ALBERT J
13635 DEERING BAY DR
APT 254
CORAL GABLES, FL 33158 US

Name and Address of New Registered Agent:

KRIEGER, ALBERT J MR
13635 DEERING BAY DR
APT 254
CORAL GABLES, FL 33158 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: ALBERT KRIEGER 01/14/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KRIEGER, ALBERT J,
Address: 13635 DEERING BAY DR
City-St-Zip: CORAL GABLES, FL 33158 US

Title: V ( ) Delete
Name: LEWIS, NEAL R,
Address: 9130 S DADELAND BLVD #1609
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KRIEGER, ALBERT J MR
Address: 13635 DEERING BAY DR
City-St-Zip: CORAL GABLES, FL 33158 US

Title: V (X) Change ( ) Addition
Name: LEWIS, NEAL MR
Address: 9130 S DADELAND BLVD #1609
City-St-Zip: MIAMI, FL

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: DAVID HIXSON CPA 01/14/2009
Electronic Signature of Signing Officer or Director Date