

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 621380

FILED
Jan 13, 2009
Secretary of State

Entity Name: MIKE MORELLO, INCORPORATED

Current Principal Place of Business:

2 HARGROVE GRADE
PALM COAST, FL 32137 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 352679
PALM COAST, FL 321352679 US

New Mailing Address:

FEI Number: 59-1912590 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIUMENTO, MICHAEL D.
4 OLD KINGS ROAD NORTH
SUITE B
PALM COAST, FL 32137 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: DS () Delete
Name: MORELLO, MICHAEL JR G DS
Address: 60 AUDUBON LANE
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: D () Delete
Name: MORELLO, JOSEPHINE D
Address: 60 AUDUBON LANE
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: PRES () Delete
Name: MORELLO, MICHAEL F PRES
Address: 9 COACOCHEE DRIVE
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: COO () Delete
Name: MCKEEVER, DOUGLAS COO
Address: 64 AUDUBON LANE
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: CFO () Delete
Name: SHEFFIELD, GARY CFO
Address: 10 AUDUBON LANE
City-St-Zip: FLAGLER BCH, FL 32136 US

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: MICHAEL G. MORELLO, JR.

D/S

01/13/2009

Electronic Signature of Signing Officer or Director

_____ Date