2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 626709

Entity Name: LUDLUM CORPORATION

FILED Jan 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

231 ALTARA AVE 2121 SW 3RD AVE STE 403 CORAL GABLES, FL 33146 MIAMI, FL 33129 US

Current Mailing Address: New Mailing Address:

231 ALTATA AVE 2121 SW 3RD AVE STE 403 CORAL GABLES, FL 33146 US MIAMI, FL 33129

FEI Number: 59-1918635 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FERNANDEZ, HERMINIA CPA FERNANDEZ, HERMINIA CPA 2121 SW 3RD AVE STE 403 231 ALTARA AVE CORAL GABLES, FL 33146 US MIAMI, FL 33129

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: 01/08/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete SHULEVITZ, WILLIAM, Name: 231 ALTARA AVE.

Address:

City-St-Zip: CORAL GABLES, FL 33146

DVPS Title: () Delete Name: SHULEVITZ, DEBORAH Address: 231 ALTARA AVE.

CORAL GABLES, FL 33146 City-St-Zip:

Title: () Delete SHULEVITZ, MICHAEL, Name: 231 ALTARA AVE Address:

City-St-Zip: CORAL GABLES, FL 33146

Title: DVP () Delete SHULEVITZ, JÚDITH Name: Address: 231 ALTARA AVE.

City-St-Zip: CORAL GABLES, FL 33146 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

SHULEVITZ, WILLIAM, Name: 2121 SW 3RD AVE STE 403 Address:

City-St-Zip: MIAMI, FL 33129

Title: **DVPS** (X) Change () Addition

Name: SHULEVITZ, DEBORAH 2121 SW 3RD AVE STE 403 Address:

MIAMI, FL 33129 City-St-Zip:

Title: (X) Change () Addition

SHULEVITZ, MICHAEL, Name: 2121 SW 3RD AVE STE 403 Address:

City-St-Zip: MIAMI, FL 33129

Title: DVP (X) Change () Addition

SHULEVITZ, JUDITH Name:

Address: 2121 SW 3RD AVE STE 403

City-St-Zip: MIAMI, FL 33129

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 SHULEVITZ DP 01/08/2009