2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 674821

Entity Name: OLIVENBAUM GROVES, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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9046 S. HWY 561

CLERMONT, FL 34711 US

Current Mailing Address: New Mailing Address:

P.O. BOX 120218

CLERMONT, FL 34712 US

FEI Number: 59-2011495 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:

OLIVENBAUM, CARL 10005 SW 15TH PLACE GAINESVILLE, FL 32607

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 ().

US

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT () Delete Title: DPT (X) Change () Addition Name: OLIVENBAUM, CARL A Name: OLIVENBAUM, CARL A

 Address:
 10005 SW 15TH PLACE
 Address:
 10005 SW 15TH PLACE

 City-St-Zip:
 GAINESVILLE, FL 32607
 City-St-Zip:
 GAINESVILLE, FL 32607

Title: DVS () Delete Title: () Change () Addition

 Name:
 OLIVENBAUM, GLENN
 Name:

 Address:
 291 CRESTVIEW DRIVE
 Address:

 City-St-Zip:
 CLERMONT, FL 34711
 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: CARL A OLIVENBAUM DPT 04/29/2009