

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 14, 2009  
Secretary of State**

DOCUMENT# F03000004029

Entity Name: 10 SECONDS, INCORPORATED

**Current Principal Place of Business:**

7500 141ST ST. N.  
SEMINOLE, FL 33776

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3396  
SEMINOLE, FL 33775

**New Mailing Address:**

FEI Number: 54-1706480      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PETROCELLI, BOBBY  
7500 141ST ST. N.  
SEMINOLE, FL 33776      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

**OFFICERS AND DIRECTORS:**

Title: CP      ( ) Delete  
Name: PETROCELLI, BOBBY  
Address: PO BOX 3396  
City-St-Zip: SEMINOLE, FL 33775

Title: VCVP      ( ) Delete  
Name: PETROCELLI, SUZANNE  
Address: PO BOX 3396  
City-St-Zip: SEMINOLE, FL 33775

Title: ST      ( ) Delete  
Name: PETROCELLI, SUZANNE  
Address: PO BOX 3396  
City-St-Zip: SEMINOLE, FL 33775

Title: D      ( ) Delete  
Name: FREDERICK, CHRISTOPHER  
Address: 474 MINEOLA AVE  
City-St-Zip: CARLE PLACE, NY 11514

**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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE PETROCELLI

VCVP

01/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date