

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004598

FILED
Mar 13, 2009
Secretary of State

Entity Name: HAGEN, STREIFF, NEWTON & OSHIRO, ACCOUNTANTS, P.C.

Current Principal Place of Business:

4667 MACARTHUR BLVD., STE 400
NEWPORT BEACH, CA 926601874

New Principal Place of Business:

4667 MACARTHUR BLVD., STE 400
NEWPORT BEACH, CA 926601874 US

Current Mailing Address:

4667 MACARTHUR BLVD., STE 400
NEWPORT BEACH, CA 926601874

New Mailing Address:

4667 MACARTHUR BLVD., STE 400
NEWPORT BEACH, CA 926601874 US

FEI Number: 95-2819088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, ALEXCARLO
15100 LUDLAM ROAD
SUITE 200
MIAMI LAKES, FL 330142103 US

Name and Address of New Registered Agent:

PABON, DIANA
15100 LUDLAM ROAD
SUITE 200
MIAMI LAKES, FL 330142103 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: DIANA PABON

03/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: HAGEN, PETER J
Address: 15601 DALLAS PKWY, STE 1050
City-St-Zip: ADDISON, TX 750016036

Title: VCV () Delete
Name: NEWTON, MARK R
Address: 2200 POWELL ST, STE 590
City-St-Zip: EMERYVILLE, CA 946081876

Title: D () Delete
Name: FOGARTY, PETER
Address: 647 PUTNAM PIKE
City-St-Zip: GREENVILLE, RI 028281479

Title: P () Delete
Name: STREIFF, DAVID R
Address: 4667 MACARTHUR BLVD., STE 400
City-St-Zip: NEWPORT BEACH, CA 926601874

Title: S () Delete
Name: OSHIRO, RONALD
Address: 301 N LAKE AVE STE 203
City-St-Zip: PASADENA, CA 911015128

Title: T () Delete
Name: MONEY, CHRISTOPHER K
Address: 4667 MACARTHUR BLVD., STE 400
City-St-Zip: NEWPORT BEACH, CA 926601874

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:

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: DAVID STREIFF

CEO

03/13/2009

Electronic Signature of Signing Officer or Director

Date