2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# F07000003942

Entity Name: CABE ASSOCIATES, INC.

Current Principal Place of Business:

144 SOUTH GOVERNORS AVENUE
DOVER, DE 19904

New Principal Place of Business:

Current Mailing Address:

PO BOX 877
DOVER, DE 199030877

New Mailing Address:

FEI Number: 51-0187225 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: CP ( ) Delete
Name: BEETSCHEN, LEE J
Address: PO BOX 877
City-St-Zip: DOVER, DE 199030877

Title: STD ( ) Delete
Name: KERR, ROBERT W
Address: PO BOX 877
City-St-Zip: DOVER, DE 199030877

Title: D ( ) Delete
Name: PARKOWSKI, F MICHAEL
Address: PO BOX 598
City-St-Zip: DOVER, DE 199030598

Title: VP ( ) Delete
Name: DOWNS, MARK K
Address: PO BOX 877
City-St-Zip: DOVER, DE 199030877

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

SIGNATURE: ROBERT W. KERR STD 02/16/2009

Electronic Signature of Signing Officer or Director Date