2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F08000004458

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SUNRISE, FL 33351

ROBERTS, SUSAN

() Delete

NORTHAMPTONSHIRE NN7 3DB-UK.

THE GRAINSTORE, STOKE RD., BLISWORTH

DT

FILED Apr 25, 2009 Secretary of State

Entity Name: MIKE DE BRIE GROUP (1896) LIMITED (COMPANY) **Current Principal Place of Business: New Principal Place of Business:** 4891 NW 103RD AVE., SUITE 14 THE GRAINSTORE SUNRISE, FL 33351 STOKE ROAD BLISWORTH, NH NN7 3DB UK **Current Mailing Address:** New Mailing Address: 4891 NW 103RD AVE., SUITE 14 THE GRAINSTORE SUNRISE, FL 33351 STOKE ROAD BLISWORTH, NH NN7 3DB UK FEI Number: 26-3490664 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: CHIARATO, UGO V CPA 1680 MICHIGAN AVE STE #1022 MIAMI BEACH, FL 33139 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition DI CIERI-CAMBON, PAUL DI CIERI-CAMBON, PAUL Name: Name: 4891 NW 103RD AVE., SUITE 14 15127 NE 24TH STREET, SUITE 338 Address: Address: REDMOND, WA 98052 City-St-Zip: SUNRISE, FL 33351 City-St-Zip: Title: VCV Title: VCV (X) Change () Addition () Delete Name: DI CIERI-CAMBON, SONJA C Name: DI CIERI-CAMBON, SONJA C 4891 NW 103RD AVE., SUITE 14 15127 NE 24TH STREET, SUITE 338 Address: Address: SUNRISE, FL 33351 REDMOND, WA 98052 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition DS () Delete DS CAMBON, CARMEN CAMBON, CARMEN Name: Name: 4891 NW 103RD AVE., SUITE 14 15127 NE 24TH STREET, SUITE 338 Address: Address:

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

REDMOND, WA 98052

() Change () Addition

SIGNATURE: PAUL DI CIERI-CAMBON CP 04/25/2009