2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005441

Entity Name: LITHUANIAN - AMERICAN COMMUNITY, INC.

FILED May 18, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2715 E. ALLEGHENY AVENUE PHILA, PA 19134 **Current Mailing Address: New Mailing Address:** 2715 E. ALLEGHENY AVENUE PHILA, PA 19134 FEI Number: 36-3625439 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MIKLAS, KESTUTIS 1100 SÚRF RD, APT 114 SINGER ISLAND, FL 33404 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: () Change () Addition () Delete MACIUNAS, VYTAS Name: Name: Address: 405 HOLLY GLEN DRIVE Address: City-St-Zip: CHERRY HILL, NJ 08034 City-St-Zip: Title: () Delete Title: () Change () Addition Name: REMYS, MARIA Name: Address: 2841 DENTON CT Address: City-St-Zip: WEST CHESTER, IL 60154 City-St-Zip: Title: () Delete Title: () Change () Addition KRIUICKAS, DAINA Name: Name: 205 PRINCETON CIRCLE Address: Address: City-St-Zip: NEWTON SQUARE, PA 19073 City-St-Zip: Title: () Delete Title: () Change () Addition BACKAITIS, STASYS Name: Name: Address: P.O. BOX 558 Address: City-St-Zip: GREAT FALLS, VA 22066 City-St-Zip: Title: () Delete Title: () Change () Addition BAREIKAITE, MARGARITA Name: Name: 600 LIBERTY HIGHWAY Address: Address: City-St-Zip: PUTNAM, CT 06260 City-St-Zip: Title: () Delete Title: () Change () Addition GEDEIKA, RIMAS

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.

Name:

Address:

City-St-Zip:

SIGNATURE: VYTAS MACIUNAS Ρ 05/18/2009

Name:

Address:

City-St-Zip:

78 MARK TWAIN DR

HAMILTON SQUARE, NJ 08690