

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004559

FILED
Feb 10, 2012
Secretary of State

Entity Name: RETREAT CAPITAL MANAGEMENT, INC.

Current Principal Place of Business:

17870 SKY PARK CIRCLE, SUITE 105
IRVINE, CA 92614

New Principal Place of Business:

Current Mailing Address:

17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 26-2512965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: D
Name: WIJAY, ARVIN
Address: 17870 SKY PARK CIRCLE, SUITE 105
City-St-Zip: IRVINE, CA 92614

Title: CEO
Name: WIJAY, ARVIN
Address: 17870 SKY PARK CIRCLE, SUITE 105
City-St-Zip: IRVINE, CA 92614

Title: D
Name: ORTH, JAMES N
Address: 17870 SKY PARK CIRCLE, SUITE 105
City-St-Zip: IRVINE, CA 92614

Title: EVP
Name: ORTH, JAMES N
Address: 17870 SKY PARK CIRCLE, SUITE 105
City-St-Zip: IRVINE, CA 92614

Title: SVP
Name: NEER, TIM
Address: 17870 SKY PARK CIRCLE, SUITE 105
City-St-Zip: IRVINE, CA 92614

Title: SVP
Name: ORTH, JAMES
Address: 17870 SKY PARK CIRCLE, SUITE 105
City-St-Zip: IRVINE, CA 92614

I hereby 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 all other like empowered.

SIGNATURE: JAMES N. ORTH

EVP

02/10/2012

Electronic Signature of Signing Officer or Director

Date