

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F47837

FILED
Apr 30, 2009
Secretary of State

Entity Name: GROWTH FUND PARTNERSHIP, INC.

Current Principal Place of Business:

12864 BISCAYNE BLVD
SUITE 346
MIAMI, FL 33181 US

New Principal Place of Business:

Current Mailing Address:

12864 BISCAYNE BLVD
SUITE 346
MIAMI, FL 33181

New Mailing Address:

12864 BISCAYNE BLVD
SUITE 346
MIAMI, FL 33181 US

FEI Number: 65-0268287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLBERG & RENZY, P.A.
10100 WEST SAMPLE RD., 3RD FLOOR
CORAL SPRINGS, FL 33065 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: S () Delete
Name: WALLBERG, WENDY
Address: 10100 W SAMPLE RD, 3RD FLOOR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: P () Delete
Name: GOLD, MALCOLM J
Address: P.O. BOX 2004
City-St-Zip: WATERFORD, HERTFORDSHIRE, WD17 3X Z UK

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WENDY WALLBERG

S

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date