2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006496

Entity Name: EDITORIAL ENTERPRISES CORPORATION

FILED Jan 26, 2009 Secretary of State

Current B	ringinal Blace	of Business	New Principal Place	New Principal Place of Rusiness		
	rincipal Place	OI DUSINESS.	New Principal Place	New Principal Place of Business:		
P.O. BOX GAINESVI	1267 LLE, FL 32602	2		1238 N.W. 18TH TERRACE GAINESVILLE, FL 32605		
Current M	lailing Addres	s:	New Mailing Addres	New Mailing Address:		
P.O. BOX GAINESVI	1267 LLE, FL 32602	2				
FEI Number	: 59-2250744	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and	l Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:		
2707 NW 4 GAINESVI	LLE, FL 32607					
	e named entity s e of Florida.	submits this statement for the p	urpose of changing its registere	d office or registered agent, or both,		
SIGNATUI	RE:					
		ic Signature of Registered Age	nt	Date		
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD () SHANKLIN, DO 1238 N.W. 18TI GAINESVILLE,	HTER.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP () SHANKLIN, JOH 3503B BRIDLE AUSTIN, TX 78	PATH	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP () SHANKLIN, ELI 3142 QUEENBU LOS ANGELES	JRY DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	TD () SHANKLIN, DO 1238 N.W. 18TI GAINESVILLE,	HTER.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () TRUEX, ELEAN 1644 IDLEWILI HOMEWOOD, I	D LN.	Title: Name: Address: City-St-Zip:	() Change () Addition		

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:	DOUGLAS R. SHANKLIN	PD	01/26/2009
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