

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002894

FILED
Mar 23, 2009
Secretary of State

Entity Name: DANE INVESTORS MANAGEMENT B.V.

Current Principal Place of Business:

PRINSENKADE 5-G
4835 MA BREDA
4811 VB BREDA, TH

New Principal Place of Business:

DR. BATENBURGLAAN 157
4837 BP BREDA, TH 4837 NL

Current Mailing Address:

1 FINANCIAL PLAZA
SUITE 2001
FORT LAUDERDALE, FL 33394

New Mailing Address:

FEI Number: 98-0167963 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANEBELT GROUP, INC.
1 FINANCIAL PLAZA
SUITE 2001
FT LAUDERDALE, FL 33394 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: PD () Delete
Name: DANE, JAN W
Address: 2740 NE 18TH STREET
City-St-Zip: FT LAUDERDALE, FL

Title: AIF () Delete
Name: BELT III, A J
Address: 1 FINANCIAL PLAZA, SUITE 2001
City-St-Zip: FORT LAUDERDALE, FL 33394

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: AJ BELT

AIF

03/23/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date