

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006196

Entity Name: WEST PALM BEACH SIERRA, INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

409 BROAD STREET, STE 203
SEWICKLY, PA 15143 US

New Principal Place of Business:

Current Mailing Address:

409 BROAD STREET, STE 203
SEWICKLY, PA 15143 US

New Mailing Address:

FEI Number: 25-1847599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYES ST
TALLAHASSEE, FL 32301 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: PCD () Delete
Name: MCGRAW, KEITH A
Address: 409 BROAD STREET, SUITE 203
City-St-Zip: SEWICKLEY, PA 15143

Title: VD () Delete
Name: BARRIS, RICHARD
Address: 10770 GREENBRIAR VILLA DR.
City-St-Zip: FORT WORTH, FL 33467

Title: S () Delete
Name: MCCAY, AUGUSTUS
Address: 3918 CHESSTOWN AVENUE
City-St-Zip: GIBSONIA, PA 15144

Title: VTD () Delete
Name: LAPORT, MARK G
Address: 8601 SIX FORKS ROAD, STE 540
City-St-Zip: RALEIGH, NC 27615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK G. LAPORT

VTD

03/23/2009

Electronic Signature of Signing Officer or Director

Date