## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G00526

FILED Jan 20, 2009 Secretary of State

Entity Name: DAVE SYMONDS AND ASSOCIATES, INCORPORATED

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:		
	ERALDA ISLAN G, FL 34788	ND RD US			
Current Mailing Address:		New Mailing Address	s:		
	ERALDA ISLAN G, FL 34788	ND RD US			
FEI Number:	: 59-2882203	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	S, CHARLES D ERALDA IS RD				
LEESBUR	G, FL 34788	US	purpose of changing its registere	d office or registered agent, or both,	
LEESBUR	G, FL 34788 named entity s e of Florida. RE:	US submits this statement for the		d office or registered agent, or both,	
LEESBUR The above in the State SIGNATUF	G, FL 34788 named entity se of Florida.  RE: Electron	US submits this statement for the ic Signature of Registered Ag		d office or registered agent, or both,  Date	
LEESBUR The above in the State SIGNATUF	G, FL 34788 named entity se of Florida.  RE: Electron	US submits this statement for the			
LEESBUR The above in the State SIGNATUF Election Car	G, FL 34788 named entity se of Florida.  RE: Electron	US submits this statement for the ic Signature of Registered Ag Trust Fund Contribution ( ).	gent		
LEESBUR The above in the State SIGNATUF Election Car	G, FL 34788  named entity see of Florida.  RE: Electron  mpaign Financing S AND DIREC	US submits this statement for the ic Signature of Registered Ag Trust Fund Contribution ( ).  TORS: Delete ARLES DAVI, D .DA IS. ROAD	gent	Date	

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: CHARLES DAVID SYMONDS PT 01/20/2009