2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# G59226

Entity Name: ROBERT P. ROSIN, CHARTERED

Current Principal Place of Business:

7132 N SERENOA DR
SARASOTA, FL 34241

New Principal Place of Business:

Current Mailing Address:

P O BOX 40
SARASOTA, FL 34230 US

New Mailing Address:

FEI Number: 59-2329218 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSIN, ROBERT P.
7132 N SERENOA DR
SARASOTA, FL 34241 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: P ( ) Delete
Name: ROSIN, ROBERT P,
Address: 222 OSPREY POINT DRIVE
City-St-Zip: OSPREY, FL 34229

Title: SD ( ) Delete
Name: ROSIN, MARCUS A.,
Address: 5903 BOXWOOD MEADOW
City-St-Zip: CUMMING, GA 300405925

Title: VPD ( ) Delete
Name: ROSIN, ANDREW W
Address: 1820 RINGLING BLVD
City-St-Zip: SARASOTA, FL 34236

Title: TD ( ) Delete
Name: ROSIN, MATTHEW L
Address: 2301 CHERRY STREET, UNIT 4-K
City-St-Zip: PHILADELPHIA, PA 19103

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: ROBERT P. ROSIN PRES 01/08/2009

Electronic Signature of Signing Officer or Director — Date