2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H00889

FILED Feb 21, 2009 Secretary of State

		D MAINTENANCE MANAGEN	New Principal Place	of Business
	rincipal Place o		New Principal Place	or Business:
	HANTED PT LNE FON, FL 33496	- US		
Current Mailing Address:		New Mailing Address	New Mailing Address:	
20423 S R PMB 244, F BOCA RAT		US	20423 S R 7 SUITE F-6, #244 BOCA RATON, FL 33	1498 US
FEI Number:	59-2400337	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:	
	∩ΔNNE I			
BOCA RAT	HANTED PT LN FON, FL 33496	US bmits this statement for the p	urpose of changing its registered	d office or registered agent, or both,
9730 ENCH BOCA RAT The above in the State	HANTED PT LN FON, FL 33496 named entity su of Florida.		urpose of changing its registered	d office or registered agent, or both,
9730 ENCH BOCA RAT The above in the State	HANTED PT LN FON, FL 33496 named entity su of Florida.			d office or registered agent, or both, Date
9730 ENCH BOCA RAT The above in the State SIGNATUF	HANTED PT LN FON, FL 33496 named entity su of Florida. RE: Electronic	omits this statement for the p		
9730 ENCH BOCA RAT The above in the State SIGNATUF	HANTED PT LN FON, FL 33496 named entity su of Florida. RE: Electronic	bmits this statement for the p Signature of Registered Age rust Fund Contribution ().	ent	
9730 ENCH BOCA RAT The above in the State SIGNATUF	HANTED PT LN FON, FL 33496 named entity su of Florida. RE: Electronic npaign Financing T	Signature of Registered Age rust Fund Contribution (). DRS: elete D T., D PT LN	ent	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: JOANNE T. IACONA 02/21/2009 D