

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H46700

Entity Name: PETER A. WOLFE, INC.

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

105 S. NARCISSUS AVE., #610
105 S. NARCISSUS AVE., #610
W. PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

105 S. NARCISSUS AVE., #610
105 S. NARCISSUS AVE., #610
W. PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 59-2507663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOLFE, PETER A., INC.
105 S. NARCISSUS AVE.
SUITE 802
W. PALM BEACH, FL 33401 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: DP () Delete
Name: WOLFE, PETER A., INC.,
Address: 105 S. NARCISSUS AVE.
City-St-Zip: W. PALM BEACH, FL 33401 US

Title: SEC () Delete
Name: WOLFE, MAURY SEC
Address: 105 S. NARCISSUS AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401 US

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: PETER A. WOLFE

MR.

03/19/2009

Electronic Signature of Signing Officer or Director

Date