2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H53094

Entity Name: NORTH PALAFOX PLAZA, INC.

FILED Feb 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

120 E MAIN ST 120 E MAIN ST SUITE A SUITE A

PENSACOLA, FL 32501 US PENSACOLA, FL 32502 US

Current Mailing Address: New Mailing Address:

120 E MAIN ST 120 E MAIN ST

SUITE A SUITE A

PENSACOLA, FL 32501 US PENSACOLA, FL 32502 US

FEI Number: 59-2540071 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARKS, JAMES J. JR.

120 E MAIN ST
SLIITE A

MARKS, JAMES J. JR.

120 E MAIN ST
SLIITE A

SUITE A SUITE A

PENSACOLA, FL 32501 US PENSACOLA, FL 32502 US

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: 02/05/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: MARKS, CHRISTINE T. Name: MARKS, CHRISTINE T.

 Name:
 MARKS, CHRISTINE 1.
 Name:
 MARKS, CHRISTINE 1.

 Address:
 120 E MAIN ST SUITE A
 Address:
 120 E MAIN ST SUITE A

 City-St-Zip:
 PENSACOLA, FL 32501
 City-St-Zip:
 PENSACOLA, FL 32502

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 MARKS, JAMES J. J
 Name:
 MARKS, JAMES J. J

 Address:
 120 E MAIN ST SUITE A
 Address:
 120 E MAIN ST SUITE A

 City-St-Zip:
 PENSACOLA, FL 32501
 City-St-Zip:
 PENSACOLA, FL 32502

Title: VSTD () Delete Title: VSTD (X) Change () Addition

Name: NASH, NEAL Name: NASH, NEAL

 Address:
 120 E MAIN ST SUITE A
 Address:
 120 E MAIN ST SUITE A

 City-St-Zip:
 PENSACOLA, FL 32501
 City-St-Zip:
 PENSACOLA, FL 32502

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: NEAL NASH VSTD 02/05/2009