## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J93150

FILED Apr 29, 2009 Secretary of State

Entity Name: COUNTRY PINE NEWTIQUES OF FLORIDA, INC. **Current Principal Place of Business: New Principal Place of Business:** 130 5TH AVE. WEST MT. DORA, FL 32757 US **Current Mailing Address: New Mailing Address:** 130 5TH AVE. WEST MT. DORA, FL 32757 US FEI Number: 59-2847528 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: POTTER, DEI G 308 E 5TH AVE MT. DORA, FL 32757 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition CAMPBELL, JOSEPH C. CAMPBELL, JOSEPH C. Name: Name: 130 5TH AVE. WEST 130 5TH AVE. WEST Address: Address: City-St-Zip: MT. DORA, FL City-St-Zip: MT. DORA, FL 32757 US ( ) Delete Title: Title: (X) Change ( ) Addition

Name: THOMSON, PAM
Address: 130 5TH AVE., W.
City-St-Zip: MT. DORA, FL

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Address: 130 5TH AVE., W.
City-St-Zip: MT. DORA, FL 32757 US

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: JOSEPH C CAMPBELL D 04/29/2009