2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# K49273

Entity Name: LEPINE MANAGEMENT, INC.

Current Principal Place of Business:

2953 W CYPRESS CREEK RD
STE 101
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

2953 W CYPRESS CREEK RD
STE 101
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 65-0086600 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PASSARIELLO, JOHN
2953 W CYPRESS CREEK RD
STE 101
FORT LAUDERDALE, FL 33309 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: D ( ) Delete
Name: LEPINE, MAURICE
Address: 5047 NORTH A1A SUITE 906
City-St-Zip: FORT PIERCE, FL 34949

Title: D ( ) Delete
Name: LEPINE, SHIRLEY
Address: 5047 NORTH A1A SUITE 906
City-St-Zip: FORT PIERCE, FL 34949

Title: D ( ) Delete
Name: LEPINE, DAVID
Address: 5047 NORTH A1A SUITE 906
City-St-Zip: FORT PIERCE, FL 34949

Title: D ( ) Delete
Name: LEPINE, MARK
Address: 5047 NORTH A1A SUITE 906
City-St-Zip: FORT PIERCE, FL 34949

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: MAURICE LEPINE D 04/15/2009
Electronic Signature of Signing Officer or Director Date