2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K90143

Entity Name: SWANSEA PRODUCTIONS, INC.

Current Principal Place of Business: New Principal Place of Business: 2658 GORDON DR. NAPLES, FL 34102 US **Current Mailing Address: New Mailing Address:** 2658 GORDON DR. NAPLES, FL 34102 US FEI Number: 65-0156265 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: THOMAS, STELLA B. 2658 GORDON DR. US NAPLES, FL 33940 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: () Change () Addition THOMAS, PETER A. Name: Name: 2658 GORDON DR. Address: Address: NAPLES, FL City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition Name: THOMAS, STELLA B. Name: 2658 GORDON DR. Address: Address: NAPLES, FL City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition THOMAS, PETER, JR. Name: Name: 241 10TH AVE. SOUTH Address: Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: Title: () Delete Title: () Change () Addition THOMAS, DOUGLAS M. Name: Name: Address: 2 STANWICH LANE Address: City-St-Zip: GREENWICH, CT City-St-Zip: Title: S/B Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: PETER A. THOMAS P 04/17/2009

JOYOPRAYITNO, ELIZABETH

6502 TOM KITE CIRCLE

AUSTIN, TX 78746

Name:

Address: City-St-Zip: Apr 17, 2009 Secretary of State