## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L16616

FILED Feb 05, 2009 Secretary of State

Entity Name: WOLFSON & ASSOCIATES, P.A., CERTIFIED PUBLIC ACCOUNTANTS

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

2801 N UNIVERSITY DR 2801 N. UNIVERSITY DRIVE

STE 306 SUITE 306

CORAL SPRINGS, FL 33065 US CORAL SPRINGS, FL 33065 US

Current Mailing Address: New Mailing Address:

2801 N UNIVERSITY DR 2801 N. UNIVERSITY DRIVE

STE 306 SUITE 306

CORAL SPRINGS, FL 33065 US CORAL SPRINGS, FL 33065 US

FEI Number: 65-0151345 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:

KILTOK, IRA KILTOK, IRA

2801 N UNIVERSITY DR 2801 N. UNIVERSITY DRIVE

STE 306 SUITE 306

CORAL SPRINGS, FL 33065 US CORAL SPRINGS, FL 33065 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: IRA KILTOK 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: PSD ( ) Delete Title: PSD (X) Change ( ) Addition

Name: MARK WOLFSON, Name: WOLFSON, MARK

Address: 2801 N UNIVERSITY DR STE 306 Address: 2801 N. UNIVERSITY DRIVE, SUITE 306

City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33065

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

Name: KILTOK, IRA Name: KILTOK, IRA

Address: 2801 N UNIVERSITY DR STE 306 Address: 2801 N. UNIVERSITY DRIVE, SUITE 306

City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33065

Title: V ( ) Delete Title: V (X) Change ( ) Addition Name: GOMBERG, GLADYS SAME: GOMBERG, GLADYS

Address: 2801 N UNIVERSITY DRIVE. STE 306 Address: 2801 N. UNIVERSITY DRIVE. SUITE 306

City-St-Zip: CORAL SPRINGS,, FL 33065 City-St-Zip: CORAL SPRINGS,, FL 33065

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: IRA KILTOK VPTD 02/05/2009