

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M55202

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: EMPIRE COAST DEVELOPMENT CORPORATION

## Current Principal Place of Business:

856 WESTLAKE DR  
ORMOND BEACH, FL 32174 US

## New Principal Place of Business:

27 WELLINGTON DRIVE  
BASKING RIDGE, NJ 07920 US

## Current Mailing Address:

856 WESTLAKE DR  
ORMOND BEACH, FL 32174 US

## New Mailing Address:

27 WELLINGTON DRIVE  
BASKING RIDGE, NJ 07920 US

FEI Number: 65-0058059

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SHELLEY, DENIS  
313 SOUTH PALMETTO AVENUE  
DAYTONA BEACH, FL 32114 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: PD ( ) Delete  
Name: WORKMAN, BRIAN  
Address: 27 WELLINGTON DR  
City-St-Zip: BASKING RIDGE, NJ 07920 US

Title: VD ( ) Delete  
Name: DMYTRYK, JACK  
Address: 856 WESTLAKE DR  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: ST ( ) Delete  
Name: SLADDEN, MICHAEL  
Address: 500 WEST END AVENUE, #12B  
City-St-Zip: NEW YORK, NY 10024

Title: D (X) Delete  
Name: CITEN, THOMAS  
Address: 1300 N.W. 96 AVENUE  
City-St-Zip: PLANTATION, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: SLADDEN, MICHAEL  
Address: 500 WEST END AVE  
City-St-Zip: NEW YORK, NY 10024 US

Title: D (X) Change ( ) Addition  
Name: CHEN, THOMAS  
Address: 1300 N.W. 96 AVENUE  
City-St-Zip: PLANTATION, FL

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: BRIAN R. WORKMAN

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date