2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N00000004947

Entity Name: REEF RESOURCES, INC.

Current Principal Place of Business:

860 SOUTH US HWY 1
OAK HILL, FL 32759

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1020
OAK HILL, FL 32759

New Mailing Address:

FEI Number: 65-1029353 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCMASTER, MICHAEL F
2630 ROYAL PALM DR.
EDGEWATER, FL 32141 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

OFFICERS AND DIRECTORS:

Title: PDD ( ) Delete
Name: MCMASTER, MICHAEL F
Address: 2630 ROYAL PALM DRIVE
City-St-Zip: EDGEWATER, FL 32141

Title: PD ( ) Delete
Name: COBURN, JOHN F
Address: 3034 SILVER PALM DR.
City-St-Zip: EDGEWATER, FL 32141

Title: D ( ) Delete
Name: KLOTH, THOMAS
Address: 4504 TERRET TRACE
City-St-Zip: ALWORTH, GA 50101

Title: D ( ) Delete
Name: STOLPE, NILS
Address: 806 SILK OAK CT.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD ( ) Delete
Name: MCMASTER, CATHERINE
Address: 2630 ROYAL PALM DRIVE
City-St-Zip: EDGEWATER, FL 32141

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE MCMASTER SD 04/06/2009

Electronic Signature of Signing Officer or Director — Date