2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000473

FILED Jan 26, 2009 Secretary of State

Entity Name: COMMUNITY THRIFT BOUTIQUE BY THE SEA, INC.

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

1464 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176

Current Mailing Address: New Mailing Address:

1464 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176

FEI Number: 20-0696027 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:

SCIACCA, MARIE SCIACCA, MARIE M MS
1464 OCEAN SHORE BLVD
ORMOND BEACH, FL 32176 US
SCIACCA, MARIE M MS
1464 OCEAN SHORE BLVD
ORMOND BEACH, FL 32176 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: MARIE SCIACCA 01/26/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PSTD () Delete Title: PSTD (X) Change () Addition

Name: SCIACCA, MARIE M MS
Address: 5500 OCEAN SHORE BLVD., UNIT 83
Address: 5500 OCEAN SHORE BLVD., UNIT 83

City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete Title: D (X) Change () Addition Name: SCIACCA, GLORIA MS

Address: 5500 OCEAN SHORE BLVD., UNIT 83 Address: 5500 OCEAN SHORE BLVD., UNIT 83
City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete Title: D (X) Change () Addition Name: DALE, MELISSA Name: HUFFSTETLER, LINDA M MRS Address: 4242 NORTHWEST 44TH TERR Address: 8116 SO CORAL CIR

City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: NORTH LAUDERDALE, FL 33068

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: MARIE SCIACCA PRES 01/26/2009