2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15160

FILED Mar 18, 2009 Secretary of State

Entity Name: PUNTA GORDA DAYS, INC.

Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
	ION AVENUE GORDA, FL 33	950 US		
Current Mailing Address:		New Mailing Address:		
P.O. BOX PUNTA G	(510486 GORDA, FL 33	9510486 US		
FEI Numbe	r: 59-2674886	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name an	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
26060 SE PUNTA G The above	S, JOAN E MINOLE LAKE GORDA, FL 33 e named entity	955 US	ourpose of changing its register	red office or registered agent, or both,
in the Sta	te of Florida.			
SIGNATL		nic Signature of Registered Ag	ent	
SIGNATU Officer	Electro	nic Signature of Registered Ag		Date GES TO OFFICERS AND DIRECTORS
OFFICER Title: Name: Address:	Electro RS AND DIRECT DV (RYAN, BRENE 3005 BANYAN	DELOTORS:) Delete)A WAY		
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	Electro RS AND DIRECT DV (RYAN, BRENE 3005 BANYAN PUNTA GORD DT (LARSONG, GL 9343 VIVANTE	DELOTORS:) Delete DA WAY A, FL 33950) Delete LENN G E BLVD. UNIT 9343	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTORS
	Electro RS AND DIRECT DV (RYAN, BRENE 3005 BANYAN PUNTA GORD DT (LARSONG, GL 9343 VIVANTE PUNTA GORD D (BAKER, GUSS 3800 ACLINE	DELOTORS:) Delete DA WAY A, FL 33950) Delete LENN G E BLVD. UNIT 9343 A, FL 33950) Delete SIE ROAD	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTORS () Change () Addition
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	Electro RS AND DIRECT DV (RYAN, BRENE 3005 BANYAN PUNTA GORD DT (LARSONG, GL 9343 VIVANTE PUNTA GORD D (BAKER, GUSS 3800 ACLINE PUNTA GORD PD (SANDLES, JO	Delete DA IWAY A, FL 33950) Delete LENN G E BLVD. UNIT 9343 A, FL 33950) Delete SIE ROAD A, FL 33950) Delete AN E OLE LAKES BLVD	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTORS () Change () Addition () 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN G LARSON DT 03/18/2009