

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 01, 2009**  
**Secretary of State**

DOCUMENT# N15762

**Entity Name:** REEF RELIEF, INC.**Current Principal Place of Business:**631 GREENE STREET.  
KEY WEST, FL 33040**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 430  
KEY WEST, FL 33041 US**New Mailing Address:****FEI Number:** 59-2696402**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ANDERSON, PETER  
613 SIMONTON ST  
KEY WEST, FL 33040 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: P ( ) Delete  
Name: ANDERSON, PETER  
Address: 613 SIMONTON ST  
City-St-Zip: KEY WEST, FL 33040 US

Title: VP ( ) Delete  
Name: BOYLE, VINCENT  
Address: 720 WASHINGTON ST  
City-St-Zip: KEY WEST, FL 33040 US

Title: S /T ( ) Delete  
Name: SHIELDS, MICHAEL  
Address: 1826 FOGARTY AVE  
City-St-Zip: KEY WEST, FL 33040 US

Title: D (X) Delete  
Name: NODA, ESTRELLA  
Address: 608 PETRONIA STREET  
City-St-Zip: KEY WEST, FL 33040 US

Title: D ( ) Delete  
Name: MIANI, PHILLIP  
Address: 10007 TRUMAN AVE  
City-St-Zip: KEY WEST, FL 33040 US

**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: PETER ANDERSON

P

09/01/2009

Electronic Signature of Signing Officer or Director

Date