

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15762

FILED
Feb 11, 2010
Secretary of State

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
Name: ANDERSON, PETER
Address: 613 SIMONTON ST
City-St-Zip: KEY WEST, FL 33040 US

Title: VP
Name: IMPALLOMENI, VICTORIA
Address: 2 CORAL DRIVE, BAY POINT
City-St-Zip: KEY WEST, FL 33040 US

Title: S /T
Name: GERSTEN, ADAM
Address: 530 WHITEHEAD STREET, STE 201
City-St-Zip: KEY WEST, FL 33040 US

Title: D
Name: MIANI, PHILLIP
Address: 1007 TRUMAN AVE
City-St-Zip: KEY WEST, FL 33040 US

Title: D
Name: WITWER, DOROTHY
Address: 20 HILTON HAVEN ROAD
City-St-Zip: KEY WEST, FL 33040 US

Title: D
Name: DAVID, KIRWAN
Address: 2712 KAMAL PARKWAY
City-St-Zip: CAPE CORAL, FL 33904 US

I hereby 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 all other like empowered.

SIGNATURE: PETER ANDERSON

P

02/11/2010

Electronic Signature of Signing Officer or Director

_____ Date