2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004102

FILED Jan 09, 2009 Secretary of State

Entity Name: SOUTH FLORIDA MOUNTAINEERS, INC.

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

1827 SONRISA STREET 4560 AMHERST CIRCLE

RIVIERA BEACH, FL 33404 US # 106

WEST PALM BEACH, FL 33417 US

Current Mailing Address: New Mailing Address:

505 S. FLAGLER DRIVE SUITE 300

WEST PALM BEACH, FL 33401 US

FEI Number: 65-0439408 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:

VON GUSTEDT, ANDREW J 505 S. FLAGLER DRIVE SUITE 300 WEST PALM BEACH, FL 33401 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:

Clarity via Cinnethus of Devictor of Annut

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 VON GUSTEDT, ANDREW J
 Name:

 Address:
 C/O 505 S. FLAGLER DRIVE, SUITE 300
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33401 US
 City-St-Zip:

Title: VSD () Delete Title: () Change () Addition

 Name:
 WOLFE, DONALD L
 Name:

 Address:
 6779 WEST INDIANTOWN ROAD
 Address:

 City-St-Zip:
 JUPITER, FL 33458 US
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

Name:RACKLEY, MICHAELName:RACKLEY, MICHAELAddress:100 WALCOTT WAYAddress:213 KILGORE CIRCLECity-St-Zip:CARY, NC 27519 USCity-St-Zip:SIMPSONVILLE, SC 29681 US

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: ANDREW J. VON GUSTEDT PD 01/09/2009