2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# N95000002261

Entity Name: ORMOND MAIN STREET, INC.

Current Principal Place of Business:

43 W. GRANADA BLVD.
2ND FLOOR
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

15 W GRANADA BLVD.
ORMOND BEACH, FL 32174 US

Current Mailing Address:

P.O. BOX 2917
ORMOND BEACH, FL 321752917 US

New Mailing Address:

FEI Number: 59-3311218 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARTINGTON, WILLIAM E II
1284 FERNWAY DR
ORMOND BEACH, FL 32174 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: TD ( ) Delete
Name: VALLEY, PEGGY
Address: P. O. BOX 2917
City-St-Zip: ORMOND BEACH, FL 321752917

Title: SD ( ) Delete
Name: MACDOUGALL, LAURA
Address: P.O. BOX 2917
City-St-Zip: ORMOND BEACH, FL 321752917

Title: PD ( ) Delete
Name: RODRIGUEZ, MICHAEL
Address: PO BOX 2917
City-St-Zip: ORMOND BEACH, FL 321752917

Title: VPD ( ) Delete
Name: COOPER, RICHARD
Address: PO BOX 2917
City-St-Zip: ORMOND BEACH, FL 321752917

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:

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: PEGGY VALLEY TD 02/25/2009

Electronic Signature of Signing Officer or Director — Date