

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001579

FILED
Apr 30, 2009
Secretary of State

Entity Name: RUTHLYN AITCHESON CORPORATION

Current Principal Place of Business:

15905 SW 109 COURT
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

15905 SW 109 COURT
MIAMI, FL 33157

New Mailing Address:

FEI Number: 65-0949256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTHOLE, PAUL A
12930 SW 128 STREET
SUITE 102
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

FINE, DAVID
10729 SW 104 STREET
MIAMI, FL 33176 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: DAVID FINE

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: AITCHESON, TALMON
Address: 11211 DORSEY DRIVE
City-St-Zip: MIAMI, FL 33176

Title: T () Delete
Name: AITCHESON, RUTHLYN
Address: 11211 DORSEY DRIVE
City-St-Zip: MIAMI, FL 33176

Title: S () Delete
Name: DEER, JAAP L
Address: 15905 SW 109 COURT
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: BARTHOLE, PAUL A
Address: 12930 SW 128 STREET, STE. 102
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: PARCHMENT, YVONNE
Address: 15905 SW 109 COURT
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: BROWN, WILFRED
Address: 15905 SW 109 COURT
City-St-Zip: MIAMI, FL 33157

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
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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: TALMON AITCHESON

C

04/30/2009

Electronic Signature of Signing Officer or Director

Date