

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005521

FILED
Apr 15, 2009
Secretary of State

Entity Name: DUSTBEEN, INC.

Current Principal Place of Business:

109 MARGARETT ST
MACCLENNY, FL 32063 US

New Principal Place of Business:

Current Mailing Address:

109 MARGARETT ST
MACCLENNY, FL 32063 US

New Mailing Address:

FEI Number: 59-3607326 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RECINELLA, DALE S
109 MARGARETT ST
MACCLENNY, FL 32063 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: DP () Delete
Name: RECINELLA, DALE S
Address: 109 MARGARETT ST
City-St-Zip: MACCLENNY, FL 32063 US

Title: DS () Delete
Name: RECINELLA, SUSAN M
Address: 109 MARGARETT ST
City-St-Zip: MACCLENNY, FL 32063 US

Title: DV () Delete
Name: CHOTAS, ELIAS
Address: 1205 WINDSONG RD.
City-St-Zip: ORLANDO, FL 32809 US

Title: D () Delete
Name: CHOTAS, CARLA
Address: 1205 WINDSONG RD.
City-St-Zip: ORLANDO, FL 32809 US

Title: DT () Delete
Name: CORWIN, JOHN G
Address: 2748 TIMBERTRAIL CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: D () Delete
Name: LANG, TOM
Address: 1000 LEGION PL STE 1700
City-St-Zip: ORLANDO, FL 32801 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: DT (X) Change () Addition
Name: CORWIN, JOHN G
Address: 4449 MEANDERING WAY #202
City-St-Zip: TALLAHASSEE, FL 32308 US

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: DALE S. RECINELLA

DP

04/15/2009

Electronic Signature of Signing Officer or Director

Date