## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000003934

Entity Name: DORELL PROPERTIES, INC

KNICKERBOCKER, SANDRA

3800 CHARLESTON LOOP

OVIEDO, FL 32765

Name:

Address:

City-St-Zip:

FILED Apr 29, 2009 Secretary of State

Entity Na	me: DORELL	PROPERTIES, INC.				
Current Principal Place of Business:			New Principa	New Principal Place of Business:		
106 DORE OVIEDO, I						
Current Mailing Address:			New Mailing	New Mailing Address:		
106 DORE OVIEDO, I						
FEI Number	: 59-3639174	FEI Number Applied For()	FEI Number Not Applical	ble ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:			Name and Ad	Name and Address of New Registered Agent:		
MAHAFFEY, JOHN D JR. 3113 LAWTON RD., SUITE 225 ORLANDO, FL 32803 US			2461 WEST S	MAHAFFEY, JOHN D JR. 2461 WEST STATE RD 426, SUITE 1001 OVIEDO, FL 32765 US		
The above in the State	e named entity e of Florida.	submits this statement for the p	ourpose of changing its r	egistered office or registered agent, or both,		
SIGNATURE:				04/29/2009		
	Electro	nic Signature of Registered Ag	ent	Date		
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/0	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D ( KNICKERBOC 106 DORELL ( OVIEDO, FL 3	DT.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D ( KNICKERBOC 3800 CHARLS OVIEDO, FL 3	TON LOOP	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title:	D (	) Delete	Title:	( ) Change ( ) Addition		

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CARL KNICKERBOCKER D 04/29/2009