2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000064209

Entity Name: MITERED CORNERS, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3949 EVANS AVE #403 FT MYERS, FL 33901 **New Mailing Address: Current Mailing Address:** 3949 EVANS AVE #403 FT MYERS, FL 33901 FEI Number: 65-1024053 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: ROSHBERG, PAUL 3949 EVANS AVE #205 US FT MYERS, FL 33901 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: **PRFS** (X) Change () Addition ROSHBER, PAUL Name: Name: ROSHBERG, PAUL 3949 EVANS AVE, SUITE 403 3949 EVANS AVE, SUITE 403 Address: Address: City-St-Zip: FT MYERS, FL 33901 City-St-Zip: FT MYERS, FL 33901 Title: Title: VΡ (X) Change () Addition () Delete

ROSHBERG, VALERIE ROSHBERG, VALERIE Name: Name: Address: 3949 EVANS AVE, SUITE 403 3949 EVANS AVE, SUITE 403 Address: FORT MYERS, FL 33901 FORT MYERS, FL 33901 City-St-Zip: 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL ROSHBERG **PRES** 04/30/2009