2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000081045

FILED Mar 24, 2009 Secretary of State

Entity Nar	ne: GATSBY	S MANAGEMENT CORP.						
Current Principal Place of Business:				New Principal Place of Business:				
	RTH MILITAR	Y TRAIL						
215 PALM BEACH GARDENS, FL 33410								
Current Mailing Address:				New Mailing Address:				
10800 NORTH MILITARY TRAIL								
215 PALM BEACH GARDENS, FL 33410								
FEI Number:	65-1133883	FEI Number Applied For ()	FEI Nur	nber Not Appl	licable ()	Certificate of Status Desired	()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
FIELDS, GARY D ADMIRALTY TOWER - SUITE 700 4400 PGA BOULEVARD PALM BEACH GARDENS, FL 33410 US				BROWN, BEN 625 NORTH FLAGLER DRIVE SUITE 401 WEST PALM BEACH, FL 33401 US				
	named entity of Florida.	submits this statement for the	e purpose o	f changing i	ts registered	office or registered agent, o	r both,	
SIGNATURE: BEN BROWN				03/24/2009				
Electronic Signature of Registered Agent						Date		
Election Can	npaign Financin	g Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	GRAHAM, ANT 10800 NORTH) Delete HONY MILITARY TRAIL # 215 GARDENS, FL 33410		Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	GRAHAM, THO 10800 NORTH) Delete MAS MILITARY TRAIL # 215 GARDENS, FL 33410		Title: Name: Address: City-St-Zip:	GRAHAM, JAN 10800 NORTH	X) Change ()Addition NE HMILITARY TRAIL # 215 I GARDENS, FL 33410		
Title: Name: Address: City-St-Zip:	MARINO, STEV 10800 NORTH) Delete /EN MILITARY TRAIL # 215 GARDENS, FL 33410		Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title:	ST (X) 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.

Address:

City-St-Zip:

SIGNATURE: ANTHONY GRAHAM PD 03/24/2009

10800 NORTH MILITARY TRAIL # 215

PALM BEACH GARDENS, FL 33410

Address:

City-St-Zip: