

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000011088

Entity Name: TUSCANY GARDENS, INC.

FILED
Jan 24, 2009
Secretary of State

Current Principal Place of Business:

4554 SE 5TH PLACE
#213 (A/K/A #404)
CAPE CORAL, FL 33910

Current Mailing Address:

PO BOX 100790
CAPE CORAL, FL 33910

New Principal Place of Business:

4554 SE 5TH PLACE
#213 (A/K/A #404)
CAPE CORAL, FL 33940

New Mailing Address:

FEI Number: 46-0466057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERMAN, BEN
4554 SE 5TH PLACE
#213 (A/K/A #404)
CAPE CORAL, FL 33910 US

Name and Address of New Registered Agent:

BERMAN, BEN
4554 SE 5TH PLACE
#213 (A/K/A #404)
CAPE CORAL, FL 33940 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: BEN BERMAN

01/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: BERMAN, BEN
Address: 4554 SE 5TH PLACE, #213 (A/K/A #404)
City-St-Zip: CAPE CORAL, FL 33910

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: BEN BERMAN

PSTD

01/24/2009

Electronic Signature of Signing Officer or Director

Date