2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000020481

Entity Name: 5 SISTERS, INC.

FILED May 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

330 A1A NORTH, STE 20'1 330 A1A NORTH PONTE VERDA BEACH, FL 32082 SUITE 201

PONTE VERDA BEACH, FL 32082

Current Mailing Address: New Mailing Address:

1765 BEACH AVENUE 330 AIA NORTH

ATLANTIC BEACH, FL 32233 SUITE 201

PONTE VEDRA BEACH, FL 32082

FEI Number: 45-0476978 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:

EAKIN, PAUL M 559 ATLANTIC BOULEVARD SUITE 4 ATLANTIC BEACH, FL 32233 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:

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: PSTD (X) Change () Addition

 Name:
 REDICK, DEBBIE
 Name:
 REDICK, DEBBIE

 Address:
 1765 BEACH AVENUE
 Address:
 205 1ST STREET SOUTH #601

City-St-Zip: ATLANTIC BEACH, FL 32233 City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: TREA () Delete Title: TREA (X) Change () Addition

Name: REDICK, RICHARD J Name: REDICK, RICHARD J

Address: 1765 BEACH AVENUE Address: 205 1ST STREET SOUTH #601
City-St-Zip: ATLANTIC BEACH, FL 32233 City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: RICHARD REDICK TREA 05/22/2009