## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000022636

Name:

Address:

City-St-Zip:

750 THIRD CIRCLE, #106

VERO BEACH, FL 32962 US

Entity Name: TWO PINE PROPERTIES, INC.

FILED Apr 09, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2 SOUTH BISCAYNE BLVD. **SUITE 2630** MIAMI, FL 33131 **New Mailing Address: Current Mailing Address:** 750 THIRD CIRCLE #106 VERO BEACH, FL 32962 US FEI Number: 30-0048018 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: UNLIMITED SOURCE MARKETING COMPANY 750 THIRD CIRCLE, #106 VERO BEACH, FL 32962 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD () Delete Title: () Change () Addition FENYO, GYORGY Name: Name: VERECKE U 37 Address: Address: City-St-Zip: BUDAPEST, HU 1025 HU City-St-Zip: Title: Title: () Delete () Change () Addition Name: FENYO, GYORGYNE Name: **VERECKE U 37** Address: Address: BUDAPEST, HU 1025 HU City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition COLLINS, CHRISTINA

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: CHRISTINA COLLINS 04/09/2009 S