## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000026740

Entity Name: DIANNE M MORIN, INC

FILED Apr 06, 2009 Secretary of State

Current Principal Place of Business:  1739 SHORESIDE CIR WELLINGTON, FL 33414  Current Mailing Address:  New Mailing Address:  New Mailing Address:  1300 CORPORATE CENTER WAY SUITE 201-14 WELLINGTON, FL 33414  Current Mailing Address:  1739 SHORESIDE CIR WELLINGTON, FL 33414  SUITE 201-14 WELLINGTON, FL 33414  FEI Number: 75-3008979  FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  Name and Address of Current Registered Agent:  MORIN, DIANNE M 1739 SHORESIDE CIR WELLINGTON, FL 33414  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  Electronic Signature of Registered Agent  Date  Date  Title: ( ) Change ( ) Addition Name: MORIN, DIANNE M Address: 1739 SHORESIDE CIR Name: MORIN, DIANNE M Address: 1739 SHORESIDE CIR Name: MORIN, DIANNE M Address: ( ) Delete Name: MORIN, DIANNE M Address: ( ) Delete Name: MORIN, DIANNE M Address: ( ) Delete Name: MORIN, MICHAEL A II Naddress: ( ) Delete Name: MORIN, MICHAEL A II Naddress: ( ) WELLINGTON, FL 33414	inty Name: DIANNE WINORIN, INC.	
WELLINGTON, FL 33414  Current Mailing Address:  New Mailing Address:  1739 SHORESIDE CIR WELLINGTON, FL 33414  FEI Number: 75-3008979 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()  Name and Address of Current Registered Agent:  MORIN, DIANNE M 1739 SHORESIDE CIR WELLINGTON, FL 33414 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  Electronic Signa	urrent Principal Place of Business:	New Principal Place of Business:
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	me: dress:	Name: MORIN, MICHAEL A II Address: 1739 SHORESIDE CIRCLE

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.

DIANNE M MORIN	PD	04/06/2009
DIANNE M MORIN	PD	04/06/2009