

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000060466

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: NORTH 10 CAPITAL ASSOCIATES, INC.

**Current Principal Place of Business:**

1601 BELVEDERE ROAD  
SUITE 407S  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

1601 BELVEDERE ROAD  
SUITE 407S  
WEST PALM BEACH, FL 33406

**New Mailing Address:**

FEI Number: 02-0614897      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAPES, PAUL  
1601 BELVEDERE ROAD  
SUITE 407S  
WEST PALM BEACH, FL 33406 US

**Name and Address of New Registered Agent:**

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:**

Title: D ( ) Delete  
Name: MAPES, PAUL  
Address: 1601 BELVEDERE ROAD  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: PS ( ) Delete  
Name: MEYER, ASARCH GAIL  
Address: 1601 BELVEDERE ROAD  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: VP ( ) Delete  
Name: STRAUSS, RICHARD  
Address: 2800 BRADWAY BLVD  
City-St-Zip: BLOOMFIELD HILLS, MI 48301

Title: D ( ) Delete  
Name: STRAUSS, CYNDEE D  
Address: 5775 PEACHTREE DUNWOODY RD. STE 200  
City-St-Zip: ATLANTA, GA 30342

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: STRAUSS, CYNDEE D  
Address: 5775 PEACHTREE DUNWOODY RD. STE 200  
City-St-Zip: ATLANTA, GA 30342

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: GAIL ASARCH PRESIDENT SEC

PS

04/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date