

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000060466

FILED
Mar 28, 2011
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

OFFICERS AND DIRECTORS:

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: GAIL ASARCH

PRES

03/28/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date