2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000068355

Entity Name: FUNERARIA PORTA COELI, INC.

FILED Feb 14, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|---|---|---|--|--|
| 2665 HILLIA KISSIMMEE | ARD COURT E, FL 34744 | | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| 2665 HILLIA KISSIMMEE | ARD COURT E, FL 34744 | | | | |
| FEI Number: | 56-2284503 | 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: | | | | | |
| 2665 HILLIA | TERRY L S ARD CT. E, FL 34744 | US | | | |
| The above in the State | | submits this statement for the purpos | se of changing its registere | d office or registered agent, or both, | |
| SIGNATURE: | | | | | |
| | Electro | nic Signature of Registered Agent | | Date | |
| Election Cam | paign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D (RUSSELL, RO 2665 HILLIARI KISSIMMEE, F | O COURT | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D (JUDGE, JAME 2665 HILLIARI KISSIMMEE, F | O COURT | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DEPPEN, RAN 15516 92ND C |) Delete DY COURT, NORTH BEACH, FL 33412 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | S (ROBERTS, TE 2665 HILLIARI KISSIMMEE, F | O CT. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D (EDDY, ROBER 29215 SADDL MYAKKA CITY | EBAG TR. | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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: TERRY L ROBERTS S 02/14/2009