2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000027847

FILED Mar 15, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
255 SLEEPY HOLLOW ROCKLEDGE, FL 3295				
Current Mailing Address:		New Mailing Address:		
1255 SLEEPY HOLLOW ROCKLEDGE, FL 3295				
El Number: 65-1175590	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
ame and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
MINTON, NICOLAS R 1255 SLEEPY HOLLOW ROCKLEDGE, FL 3295				
Γhe above named entity n the State of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				
	Electronic Signature of Registered Agent			

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: Title: () Delete (X) Change () Addition MINTON, NICOLAS R MINTON, NICOLAS R Name: Name: 178 LONG POINT ROAD 1255 SLEEPY HOLLOW LANE Address: Address: City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip: ROCKLEDGE, FL 32955

Title: VΡ () Delete Title: VΡ (X) Change () Addition GORDPN, TODD S GORDPN, TODD S Name: Name:

Address: 4892 ERIN LANE Address: 1828 WOODBERRY CIR MELBOURNE, FL 32904 MELBOURNE, FL 32935 City-St-Zip: City-St-Zip:

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: NICK MINTON Ρ 03/15/2009