

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000052605

FILED
Mar 25, 2009
Secretary of State

Entity Name: 319 NORTH ATLANTIC CORP.

Current Principal Place of Business:

C/O HILARY LANGEN, ESQ.
112 S. HIBISCUS DRIVE
MIAMI, FL 331395130

New Principal Place of Business:

C/O HILARY LANGEN, ESQ.
115 EAST PALM MIDWAY
MIAMI BEACH, FL 331395130

Current Mailing Address:

C/O HILARY LANGEN, ESQ.
112 S. HIBISCUS DRIVE
MIAMI, FL 331395130

New Mailing Address:

C/O HILARY LANGEN, ESQ.
115 EAST PALM MIDWAY
MIAMI BEACH, FL 331395130

FEI Number: 56-2385427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGEN, HILARY ESQ.
112 SOUTH HIBISCUS ISLAND
MIAMI, FL 331395130 US

Name and Address of New Registered Agent:

LANGEN, HILARY ESQ.
115 EAST PALM MIDWAY
MIAMI BEACH, FL 331395130 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:

03/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPTS () Delete
Name: VEDDER, CLEMENS J
Address: C/O 112 S. HIBISCUS DRIVE
City-St-Zip: MIAMI, FL 331395130

Title: VPAS () Delete
Name: LANGEN, HILARY
Address: 112 S. HIBISCUS DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: LANGEN, HILARY ESQ.
Address: 112 S. HIBISCUS DRIVE
City-St-Zip: MIAMI, FL 331395130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change () Addition
Name: VEDDER, CLEMENS J
Address: 115 EAST PALM MIDWAY
City-St-Zip: MIAMI BEACH, FL 331395130

Title: VPAS (X) Change () Addition
Name: LANGEN, HILARY
Address: 115 EAST PALM MIDWAY
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Change () Addition
Name: LANGEN, HILARY ESQ.
Address: 115 EAST PALM MIDWAY
City-St-Zip: MIAMI BEACH, FL 331395130

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: HILARY LANGEN

D

03/25/2009

Electronic Signature of Signing Officer or Director

Date