2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# P03000057344

Entity Name: ATLANTIC & PACIFIC DEVELOPMENT GROUP, INC.

Current Principal Place of Business:

% HOWARD D. COHEN
1025 KANE CONCOURSE SUITE 215
BAY HARBOR ISLANDS, FL 33154

New Principal Place of Business:

1025 KANE CONCOURSE SUITE 215
BAY HARBOR ISLANDS, FL 33154

Current Mailing Address:

% HOWARD D. COHEN
1025 KANE CONCOURSE SUITE 215
BAY HARBOR ISLANDS, FL 33154

New Mailing Address:

1025 KANE CONCOURSE SUITE 215
BAY HARBOR ISLANDS, FL 33154

FEI Number: 02-0695872 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, HOWARD D
% HOWARD D. COHEN
1025 KANE CONCOURSE SUITE 215
BAY HARBOR ISLANDS, FL 33154 US

Name and Address of New Registered Agent:

COHEN, HOWARD D
1025 KANE CONCOURSE SUITE 215
BAY HARBOR ISLANDS, FL 33154 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: _____ 04/13/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COHEN, HOWARD D
Address: 1025 KANE CONCOURSE, SUITE 215
City-St-Zip: BAY HARBOR ISLANDS, FL 33154 US

Title: VST ( ) Delete
Name: COHEN, KENNETH J
Address: 1025 KANE CONCOURSE, SUITE 215
City-St-Zip: BAY HARBOR ISLANDS, FL 33154 US

Title: V ( ) Delete
Name: COHEN, STANLEY D
Address: 11075 CARMEL MOUNTAIN ROAD, SUITE 200
City-St-Zip: SAN DIEGO, CA 92129 US

Title: V ( ) Delete
Name: HALPRYN, DAVID G
Address: 1025 KANE CONCOURSE, SUITE 215
City-St-Zip: BAY HARBOR ISLANDS, FL 33154 US

Title: V ( ) Delete
Name: LASTRA, ALEX
Address: 1025 KANE CONCOURSE, SUITE 215
City-St-Zip: BAY HARBOR ISLANDS, FL 33154 US

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

Title: ( ) Change ( ) Addition
Name:
Address:
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: KENNETH J COHEN ST 04/13/2009
Electronic Signature of Signing Officer or Director — Date