2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000070582

Entity Name: SEVILLANA, INC

Title:

Name:

Address:

City-St-Zip:

FILED Jan 12, 2009 Secretary of State

Littly Han	IIE. OLVILLAIN.	4, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	TH KIRKLAND I , FL 32819	RD, STE 650				
Current Mailing Address:			New Maili	New Mailing Address:		
	TH KIRKLAND I , FL 32819	RD, STE 650				
FEI Number: 20-0270747 FEI Number Applied For ()		FEI Number Not Appl	icable () Certificate of Status	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
515 E.PAR	ECT AGENTS,II K AVENUE SSEE, FL 3230°					
The above in the State		bmits this statement for the pur	rpose of changing it	ts registered office or registered a	agent, or both,	
SIGNATUR						
Electronic Signature of Registered Agent			t	Date		
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	AUFSEESSER, E	Delete IRNST N, CH- 1209 GENEVA	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	KURZ, PETER	Pelete YMAZ, CH- 1253 VANDOEUVRES	Title: Name: Address: City-St-Zip:	TD (X) Change () Addition KURZ, PIERRE 35 CH DE LA SEYMAZ, CH- 1253 VAN SWITZERLAND, FC	NDOEUVRES	
Title: Name: Address: City-St-Zip:	WEBER, JEAN-P	Delete IERRE SE 19, CH- 4054 BASEL	Title: Name: Address: City-St-Zip:	D (X) Change () Addition WEBER, JEAN-PIERRE CHALET TILL, CH 1653 CRESUZ SWITZERLAND, FC		

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PIERRE KURZ TD 01/12/2009

() Delete

SUITE 1200, 420 S ORANGE AVE

ROSS, THOMAS T

ORLANDO, FL 32801

() Change () Addition