## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000074623

Title:

Name:

Address:

City-St-Zip:

FILED Feb 12, 2009 Secretary of State

Entity Name: GREAT EXCHANGORS INC.						
Current Pr	incipal Place o	of Business:	New Princ	New Principal Place of Business:		
	HGATE CR A, FL 34239					
Current Mailing Address:			New Mailing Address:			
P.O. BOX 1 SARASOTA	5314 A, FL 34277					
FEI Number: 74-3097556		FEI Number Applied For ( ) FEI N	umber Not Appl	nber Not Applicable ( ) Certificate of Status		
Name and	Address of Cเ	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
MAPP, TIMOTHY 3120 SOUTHGATE CR. SARASOTA, FL 34239 US						
The above in the State		ubmits this statement for the purpose	of changing i	ts registered o	ffice or registered agent, or both,	
SIGNATUR	E:					
	Electronic	Signature of Registered Agent			Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () E MAPP, TIMOTHY 3120 SOUTHGAT SARASOTA,, FL	E CR.	Title: Name: Address: City-St-Zip:	P (X) MAPP, TIMOTH 3120 SOUTHGA SARASOTA,, FL	ATE CR.	
Title: Name: Address: City-St-Zip:	V () [ FOWLER, RON 3120 SOUTHGAT SARASOTA, FL		Title: Name: Address: City-St-Zip:	V (X) Change ( ) Addition FOWLER, RON VP 3120 SOUTHGATE CR SARASOTA, FL 34239		
Title: Name: Address: City-St-Zip:	S () D NEFF, DAVID 3120 SOUTHGAT SARASOTA, FL		Title: Name: Address: City-St-Zip:	S (X) NEFF, DAVID S 3120 SOUTHGA SARASOTA, FL	ATE CR	
Title: Name: Address: City-St-Zip:	T () [ MARLO, KAREN 3120 SOUTHGAT SARASOTA, FL		Title: Name: Address: City-St-Zip:	T (X) MARLO, KAREN 3120 SOUTHGA SARASOTA, FL	ATE CIRCLE	

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: KAREN MARLO **TREA** 02/12/2009

( ) Delete

( ) Change (X) Addition

ABT, GEORGE VP

SARASOTA, FL 34239

3120 SOUTHGATE CIRCLE