2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P04000056124

Entity Name: BOCA BUTTONWOODS, INC.

Current Principal Place of Business:

4190 LOOMIS AVE
BOCA GRANDE, FL 339210966

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 966
BOCA GRANDE, FL 339210966

New Mailing Address:

FEI Number: 65-1248768 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARVEY, GRACE
4190 LOOMIS AVE
BOCA GRANDE, FL 339210966 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: HARVEY, GRACE
Address: 4190 LOOMIS AVE
City-St-Zip: BOCA GRANDE, FL 339210966

Title: V ( ) Delete
Name: SWETT, ALICE
Address: P.O. BOX 193
City-St-Zip: HANNA, WY 82327

Title: S ( ) Delete
Name: WINTERMUTE, ELAINE
Address: 797 JOLANDA CIRCLE
City-St-Zip: VENICE, FL 34285

Title: D ( ) Delete
Name: HUNTER, RONALD
Address: PO BOX 193
City-St-Zip: HANNA, WY 823270193

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:

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: GRACE HARVEY PT 04/15/2009

Electronic Signature of Signing Officer or Director — Date