2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P05000091676

Entity Name: COBIA PARTNERS, INC.

Current Principal Place of Business:

3423 COBIA DR.
HERNANDO BEACH, FL 34607

New Principal Place of Business:

Current Mailing Address:

3423 COBIA DR.
HERNANDO BEACH, FL 34607

New Mailing Address:

FEI Number: 20-3065233 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, KATHLEEN
3423 COBIA DR.
HERNANDO BEACH, FL 34607 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: PD ( ) Delete
Name: MOORE, KATHLEEN
Address: 3423 COBIA DR.
City-St-Zip: HERNANDO BEACH, FL 34607

Title: VD ( ) Delete
Name: MOORE, RUSSELL
Address: 3423 COBIA DR.
City-St-Zip: HERNANDO BEACH, FL 34607

Title: SD ( ) Delete
Name: DEVINNY, JOSEPH
Address: 130 W. 36TH ST.
City-St-Zip: LONG BEACH, CA 90807

Title: TD ( ) Delete
Name: BLUML, ELIZABETH
Address: 130 W. 36TH ST.
City-St-Zip: LONG BEACH, CA 90807

Title: D ( ) Delete
Name: CLIFFORD, KEVIN
Address: 6475 SHORE LINE DR., APT. 5405
City-St-Zip: ST. PETERSBURG, FL 33708

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: ELIZABETH BLUML TD 04/16/2009

Electronic Signature of Signing Officer or Director Date