

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000094567

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Entity Name:** ASSIST TO OWN REALTY, INC.

## Current Principal Place of Business:

9050 PINES BLVD.  
STE. 480  
PEMBROKE PINES, FL 33024

## Current Mailing Address:

9050 PINES BLVD.  
STE. 480  
PEMBROKE PINES, FL 33024

## New Principal Place of Business:

9050 PINES BLVD.  
STE. 412  
PEMBROKE PINES, FL 33024

## New Mailing Address:

9050 PINES BLVD.  
STE. 412  
PEMBROKE PINES, FL 33024

**FEI Number:** 20-3114290

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

## Name and Address of Current Registered Agent:

CELENZA, ANGELA  
9050 PINES BLVD  
STE. 480  
PEMBROKE PINES, FL 33024 US

## Name and Address of New Registered Agent:

CELENZA, ANGELA  
9050 PINES BLVD  
STE. 412  
PEMBROKE PINES, FL 33024 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:

04/15/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CELENZA, ANGELA  
Address: 9050 PINES BLVD., STE. 480  
City-St-Zip: PEMBROKE PINES, FL 33024

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CELENZA, ANGELA  
Address: 9050 PINES BLVD., STE. 412  
City-St-Zip: PEMBROKE PINES, FL 33024

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: ANGELA CELENZA

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date