## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000145057

Entity Name: 1500 AUSTRALIAN CENTER, INC.

FILED Mar 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	GHWAY ONE K, FL 33403	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	GHWAY ONE K, FL 33403	US			
FEI Number: 2	20-3785929	FEI Number Applied For ( )	El Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
	LES DRIVE CH GARDENS				
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				Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CREBER, WAYN 8257 NEEDLES I		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ()E MANCUSO, RAYI 479 MARINER DI JUPITER, FL 33	RIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () E ERICKSON, MICI 1500 AUSTRALIA RIVIERA BEACH	N AVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	WILENSKY, WIL 406 PUMPKIN DI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WEAVER, BRIAN 1000 KARA WAY		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: WAYNE CREBER D 03/30/2009