## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000024039

Entity Name: 1 & N INVESTMENTS OF GULFPORT, INC.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	O STREET SO RSBURG, FL			
Current Mailing Address:			New Mailing Address:	
	O STREET SO RSBURG, FL			
FEI Number	: 59-2999467	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
STE. 103 SEMINOLI The above	TH STREET  E, FL 33772 Le  named entity se of Florida.		e purpose of changing its registere	ed office or registered agent, or both,
SIGNATUI	RF <sup>.</sup>			
0.0		nic Signature of Registered A	gent	Date
		03(2)(b), F.S., the corporation did g Trust Fund Contribution ( ).	not receive the prior notice.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	JACIW, NATAL	ON AVENUE #1801	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	JACIW, IHOR	) Delete DN AVENUE #1801 I M9A 5C4 CA	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	T () KOWRYGA, TA 598 BROWN'S TORONTO, ON	LINE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	S () JACIW, PETER 2502 53RD STI GULFPORT, FL	REET SOUTH	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	VP () D'ORAZIO, RIM 8495 ISLINGTO		Title: Name: Address:	( ) 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.

City-St-Zip:

SIGNATURE: NATALIA JACIW PRES 05/01/2009

City-St-Zip: WOODBRIDGE, ON L4L 1A5 CA