

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000072294

FILED
Jan 06, 2009
Secretary of State

Entity Name: CASTLETON CAPITAL CORP.

Current Principal Place of Business:

C/O YODICE AND COMPANY, P.C.
1259 ROUTE 46 BUILDING 1
PARSIPPANY, NJ 07054

New Principal Place of Business:

Current Mailing Address:

C/O YODICE AND COMPANY, P.C.
1259 ROUTE 46 BUILDING 1
PARSIPPANY, NJ 07054

New Mailing Address:

FEI Number: 20-4935466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUANE, DOREEN
815 BIRDIE VIEW POINT
SANIBEL ISLAND, FL 33957 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: RUANE, KEVIN
Address: 815 BIRDIE VIEW POINT
City-St-Zip: SANIBEL ISLAND, FL 33957

Title: VD () Delete
Name: YODICE, SALVATORE F
Address: 15 WILTSHIRE DRIVE
City-St-Zip: BOONTON TOWNSHIP, NJ 07005

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SALVATORE YODICE

VP

01/06/2009

Electronic Signature of Signing Officer or Director

Date