2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000077606

WELLINGTON, FL 33414

City-St-Zip:

FILED Mar 27, 2009 Secretary of State

1825 MONET, #H-2 RIVIERA BEA Current Maili 1825 MONET, #H-2 RIVIERA BEA FEI Number: 51- Name and Ac	ARY DR. CH, FL 3 ing Addre ARY DR.	ess:		pal Place of Business: ng Address:			
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#H-2 RIVIERA BEA FEI Number: 51- Name and Ac PROSNICK, A		3404			New Mailing Address:		
FEI Number: 51- Name and Ac PROSNICK, A	CH, FL 3						
Name and Ac							
PROSNICK, A	FEI Number: 51-0586287 FEI Number Applied For ()			cable () Certificate of Stat	ificate of Status Desired ()		
	ddress of	Current Registered Agent:	Name and	Address of New Registered	Agent:		
	OOD ST. I GARDE med entity	NS, FL 33410 US	ne purpose of changing i	s registered office or registere	d agent, or both,		
SIGNATURE:							
	Electro	onic Signature of Registered .	Agent	Date			
Election Campa	ign Financi	ng Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Address: 44 City-St-Zip: Pr	ROSNICK, A 434 BIRDW ALM BEACH) Delete MBER OOD STREET I GARDENS, FL 33410 X) Delete TEFANIE	Title: Name: Address: City-St-Zip: Title: Name:	D (X) Change () Addition PROSNICK, AMBER A 4434 BIRDWOOD STREET PALM BEACH GARDENS, FL 3341	0		

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: AMBER A PROSNICK D 03/27/2009