## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000086453

WINTER PARK, FL 32790

City-St-Zip:

Entity Name: PALMETTO 1331 MANAGEMENT, INC.

FILED Mar 11, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
1331 PALMETTO AVE., FIRST FLOOR WINTER PARK, FL 32789			1331 PALMETTO AVE., STE 100 WINTER PARK, FL 32789		
Current Mailing Address:			New Mailing Address:		
P.O. BOX WINTER F	144 PARK, FL 3279	90			
FEI Number: 20-5117037 FEI Number Applied For ( )		FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
ORLANDO	IE ST., STE. 14 D, FL 32801	US			
The above in the State	e named entity : e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DPST ( ) TRAYNOR, ELI P.O. BOX 144 WINTER PARK		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	DV ( ) TRAYNOR, MA P.O. BOX 144	Delete UREEN R.	Title: Name: Address:	() Change () Addition	

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: ELIZABETH A. TRAYNOR DPST 03/11/2009