

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000009400

FILED  
Feb 28, 2009  
Secretary of State

Entity Name: NEPTUNE RESTORATION INC.

**Current Principal Place of Business:**

1586 NE 34TH ST.  
OAKLAND PARK, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

601 WESLEY DR  
PARK RIDGE, IL 60068

**New Mailing Address:**

FEI Number: 32-0192510

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

A1A REGISTERED AGENT INC.  
5647 110TH AVE. NORTH  
ROYAL PALM BEACH, FL 334110000 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: DPST ( ) Delete  
Name: CILULKO, WACLAW  
Address: 1415 W AUGUSTA  
City-St-Zip: CHICAGO, IL 60622

Title: VP ( ) Delete  
Name: WILK, MARK  
Address: 601 WESLEY DR  
City-St-Zip: PARK RIDGE, IL 60068

**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: MARK WILK

VP

02/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date