2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# P07000010276

Entity Name: RENEE' NORMANDY-SHANE, P.A.

Current Principal Place of Business:

414 N.W. STRATFORD LANE
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

11379 SW OLMSTEAD DR.
PORT ST. LUCIE, FL 34987

Current Mailing Address:

414 N.W. STRATFORD LANE
PORT ST. LUCIE, FL 34983

New Mailing Address:

11379 SW OLMSTEAD DR.
PORT ST. LUCIE, FL 34987

FEI Number: 20-8384627 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORMANDY-SHANE, RENEE'
414 N.W. STRATFORD LANE
PORT ST. LUCIE, FL 34983 US

Name and Address of New Registered Agent:

NORMANDY-SHANE, RENEE'
11379 SW OLMSTEAD DR.
PORT ST. LUCIE, FL 34987 US

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: _____ 04/13/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NORMANDY-SHANE, RENEE'
Address: 414 N.W. STRATFORD LANE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VD ( ) Delete
Name: SHANE, RONALD
Address: 414 N.W. STRATFORD LANE
City-St-Zip: PORT ST. LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: NORMANDY-SHANE, RENEE'
Address: 11379 SW OLMSTEAD DR.
City-St-Zip: PORT ST. LUCIE, FL 34987

Title: VD (X) Change ( ) Addition
Name: SHANE, RONALD
Address: 11379 SW OLMSTEAD DR.
City-St-Zip: PORT ST. LUCIE, FL 34987

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: RENEE' NORMANDY-SHANE PD 04/13/2009
Electronic Signature of Signing Officer or Director — Date