

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000042562

FILED
Mar 27, 2009
Secretary of State

Entity Name: DUBREUIL ASSOCIATES, INC

Current Principal Place of Business:

1451 RINCON DRIVE
2ND FLR.
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 46818
TAMPA, FL 33647

New Mailing Address:

1451 RINCON DRIVE
2ND FLR.
WESLEY CHAPEL, FL 33543

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUBREUIL, JOHN-ANTONY
1451 RINCON DRIVE
2ND FLR.
WESLEY CHAPEL, FL 33543 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: P () Delete
Name: DUBREUIL, JOHN-ANTONY
Address: 1451 RINCON DRIVE - 2ND FLR.
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: DIR () Delete
Name: CHEATHAM-DUBREUIL, ATUANYA N
Address: 1451 RINCON DRIVE 2ND FLR.
City-St-Zip: WESLEY CHAPEL, FL 33543

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: ATUANYA DUBREUIL

DIR

03/27/2009

Electronic Signature of Signing Officer or Director

_____ Date