2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000066386

City-St-Zip: OCALA, FL 34480

Entity Name: FROSS WEALTH MANAGEMENT, INC.

FILED Apr 06, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of | New Principal Place of Business: | |
|---|---|----------------------------------|------------------------------------|--|--|
| 7158 SE 12 OCALA, FL | | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 7158 SE 12 ⁻ OCALA, FL | | | | | |
| FEI Number: 2 | 26-0303593 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 1950 LAURI SUITE 140 | JRNSED P.A EL MANOR D GES, FL 321 | PRIVE | | | |
| The above r in the State | | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATURI | E: | | | | |
| | Electror | ic Signature of Registered Age | ent | Date | |
| Election Cam | paign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Name: | DPST (FROSS, ROBE 7158 SE 12TH | | 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: ROBERT C FROSS PRES 04/06/2009