

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000069783

FILED
Aug 18, 2009
Secretary of State**Entity Name:** SEBASTIAN SCHMITZ, CPA, P.A.**Current Principal Place of Business:**3620 COLONIAL BLVD
SUITE 230
FORT MYERS, FL 33966**New Principal Place of Business:**1342 COLONIAL BLVD
SUITE D-25
FORT MYERS, FL 33907**Current Mailing Address:**3620 COLONIAL BLVD
SUITE 230
FORT MYERS, FL 33966**New Mailing Address:**1342 COLONIAL BLVD
SUITE D-25
FORT MYERS, FL 33907**FEI Number:** 26-0358124**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SCHMITZ, SEBASTIAN
3620 COLONIAL BLVD
SUITE 230
FORT MYERS, FL 33966 US**Name and Address of New Registered Agent:**SCHMITZ, SEBASTIAN
1342 COLONIAL BLVD
SUITE D-25
FORT MYERS, FL 33907 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: SCHMITZ

08/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: SCHMITZ, SEBASTIAN CPA
Address: 3620 COLONIAL BLVD SUITE 230
City-St-Zip: FORT MYERS, FL 33966

Title: VP () Delete
Name: SCHMITZ, WERNER
Address: 3620 COLONIAL BLVD SUITE 230
City-St-Zip: FORT MYERS, FL 33966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: SCHMITZ, SEBASTIAN CPA
Address: 1342 COLONIAL BLVD SUITE D 25
City-St-Zip: FORT MYERS, FL 33907

Title: VP (X) Change () Addition
Name: SCHMITZ, WERNER
Address: 1342 COLONIAL BLVD SUITE D-25
City-St-Zip: FORT MYERS, FL 33907

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: SEBASTIAN SCHMITZ

PRS

08/18/2009

Electronic Signature of Signing Officer or Director

Date