2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000086138

Entity Name: ZEDIKER & ASSOCIATES, PA

FILED Jul 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

340 GIRALDA AVE, SUITE 413-EAST 340 GIRALDA AVE, SUITE 611-EAST SUITE 611 EAST

CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

340 GIRALDA AVE, SUITE 413-EAST
SUITE 413 EAST
CORAL GABLES, FL 33134

340 GIRALDA AVE, SUITE 611-EAST
SUITE 611 EAST
CORAL GABLES, FL 33134

FEI Number: 42-1736841 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

ZEDIKER, GARRETT T

340 GIRALDA AVENUE, SUITE 413 EAST

SUITE 413 EAST

CORAL GABLES, FL 33134 US

ZEDIKER, GARRETT T

340 GIRALDA AVENUE, SUITE 611 EAST

SUITE 611 EAST

CORAL GABLES, FL 33134 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: GARRETT ZEDIKER 07/06/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONAL ADDITIONA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: ZEDIKER, GARRETT Name: ZEDIKER, GARRETT T

Address: 340 GIRALDA AVE, SUITE 413 EAST Address: 340 GIRALDA AVE, SUITE 611 EAST City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

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: GARRETT ZEDIKER PD 07/06/2009