## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000003528

Title:

Name:

Address:

City-St-Zip:

FILED May 10, 2009 Secretary of State

Entity Nar	ne: THE GRE	EAT HOUSE PUBLISHING INC.					
Current Principal Place of Business:			New Prin	New Principal Place of Business:			
	JTHWEST 20 <sup>-</sup> , FL 33025	TH STREET					
Current Mailing Address:			New Mail	New Mailing Address:			
PO BOX 2 MIRAMAR	78504 , FL 33027						
FEI Number:	33-1164214	FEI Number Applied For ( )	FEI Number Not App	olicable ( )	Certificate of Status Des	sired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1840 SW 2 4TH FLOO		Α.					
	named entity see of Florida.	submits this statement for the p	urpose of changing	its registered	office or registered age	nt, or both,	
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Can		3(2)(b), F.S., the corporation did not g Trust Fund Contribution (  ). TORS:	-		S TO OFFICERS AND	DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( )	Delete RE, MICHAEL VEST 20TH STREET	Title: Name: Address: City-St-Zip:		) Change ( ) Addition	J20101	
Title: Name: Address: City-St-Zip:	JACKSON, JÙA	VEST 20TH STREET	Title: Name: Address: City-St-Zip:	JACKSON, JU 1781 STONEL			
Title: Name: Address: City-St-Zip:	LATTIBOUDEA	Delete RE, STANFORD VEST 20TH STREET 33025	Title: 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 an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL LATTIBOUDEAIRE PD 05/10/2009

( ) Delete

( ) Change (X) Addition

SEYMOUR, JULIANA M MS.

MONTCLAIR, NJ 07042

P.O. BOX 471