2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000006037

Entity Name: SERENDIPITY III, INC.

FILED Jan 11, 2009 Secretary of State

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

569 CAMPUS ST

19 BLAKE BLVD CELEBRATION, FL 34747 US CELEBRATION, FL 34747

US

Current Mailing Address: New Mailing Address:

569 CAMPUS ST 19 BLAKE BLVD

CELEBRATION, FL 34747 US CELEBRATION, FL 34747 US

FEI Number: 26-1820080 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:

BITETTO, LEO 569 CAMPUS ST

CELEBRATION, FL 34747 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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PVST** () Delete Title: **PVST** (X) Change () Addition LAURICELLO, KRIS Name: Name: LAURICELLO, KRIS

144 WEST 15TH STREET 1231 CELEBRATION AVE Address: Address: City-St-Zip: DEER PARK, NY 11729 US City-St-Zip: CELEBRATION, FL 34747 US

Title: Title: (X) Change () Addition () Delete LAURICELLO, KRIS LAURICELLO, KRIS Name: Name:

144 WEST 15TH STREET 1231 CELEBRATION AVE Address: Address: DEER PARK, NY 11729 US CELEBRATION, FL 34747 US City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition () Delete

TUSCANO, ANTONIA TUSCANO, ANTONIA Name: Name: 144 WEST 15TH STREET 107 ACADIA TERRACE Address: Address: City-St-Zip: DEER PARK, NY 11729 US City-St-Zip: CELEBRATION, FL 34747 US

Title: () Delete Title: (X) Change () Addition

TUSCANO, THOMAS TUSCANO, THOMAS Name: Name: Address: 144 WEST 15TH STREET Address: 107 ACADIA TERRACE City-St-Zip: City-St-Zip: DEER PARK, NY 11729 US CELEBRATION, FL 34747 US

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: KRIS LAURICELLO **PVST** 01/11/2009