2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# P08000012475

Entity Name: BONITA BIRTHING SOLUTIONS INC.

Current Principal Place of Business:

11661 RED HIBISCUS DRIVE
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

11661 RED HIBISCUS DRIVE
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 26-2079105 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIEBEN, JACLYN
11661 RED HIBISCUS DRIVE
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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:

Title: PRES ( ) Delete
Name: SIEBEN, JACLYN
Address: 11661 RED HIBISCUS DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TRES ( ) Delete
Name: SIEBEN, JACLYN
Address: 11661 RED HIBISCUS DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SECT ( ) Delete
Name: SIEBEN, JACLYN
Address: 11661 RED HIBISCUS DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DIR ( ) Delete
Name: SIEBEN, JACLYN
Address: 11661 RED HIBISCUS DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: CONNOR, ANNMARIE
Address: 2441 LONGBOAT DRIVE
City-St-Zip: NAPLES, FL 34104

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: JACLYN SIEBEN P 01/10/2009

Electronic Signature of Signing Officer or Director Date