

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000035758

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: SOUTHWEST INTERNATIONAL CONSTRUCTION CORPORATION

## Current Principal Place of Business:

5628 WESCOTT ST.  
NA  
NORTH PORT, FL 34291

## New Principal Place of Business:

103 TRIPLE DIAMOND BLVD.  
SUITE 12  
NORTH VENICE, FL 34275

## Current Mailing Address:

5628 WESCOTT ST.  
NA  
NORTH PORT, FL 34291

## New Mailing Address:

103 TRIPLE DIAMOND BLVD.  
SUITE 12  
NORTH VENICE, FL 34275

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

## Name and Address of Current Registered Agent:

HEINLEIN, CHARLES D  
4499 TOLLEFSON AV  
NA  
NORTH PORT, FL 34287 US

## Name and Address of New Registered Agent:

CHRISTENSEN, JOHN A  
3025 MARKRIDGE RD.  
NA  
SARASOTA, FL 34231 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: JOHN CHRISTENSEN

03/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BURT, R SCOTT  
Address: 5628 WESTCOTT ST  
City-St-Zip: NORTH PORT, FL 34291 US

Title: DIR ( ) Delete  
Name: EWANE, GUNTHER E  
Address: 3533 103RD ST  
City-St-Zip: CORONA, NY 34291 US

Title: SEC ( ) Delete  
Name: HEINLEIN, CHARLES D  
Address: 4499 TOLLEFSON AV  
City-St-Zip: NORTH PORT, FL 34287 US

Title: COFB ( ) Delete  
Name: NGALLE, SOPPO B  
Address: 575 MAIN ST N 207  
City-St-Zip: NEW YORK, NY 10044 US

Title: DIR ( ) Delete  
Name: TCHEYAKNOU, M. ANDRE  
Address: BOX 3025  
City-St-Zip: DOUALA, DO 00000 CA

Title: DIR ( ) Delete  
Name: JONES, SHERYL F  
Address: 10419 RAMPART WAY  
City-St-Zip: SILVER SPRINGS, MD 20902

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: JOHN, CHRISTENSEN  
Address: 3025 MARKRIDGE RD.  
City-St-Zip: SARASOTA, FL 34231 US

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: ( ) Change ( ) Addition  
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 on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN CHRISTENSEN

PRES

03/02/2009

Electronic Signature of Signing Officer or Director

Date