

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000035758

**FILED**  
**Jun 19, 2009**  
**Secretary of State****Entity Name:** SOUTHWEST INTERNATIONAL CONSTRUCTION CORPORATION**Current Principal Place of Business:**103 TRIPLE DIAMOND BLVD.  
SUITE 12  
NORTH VENICE, FL 34275**New Principal Place of Business:****Current Mailing Address:**103 TRIPLE DIAMOND BLVD.  
SUITE 12  
NORTH VENICE, FL 34275**New Mailing Address:****FEI Number:** 26-2356825**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BURT, SCOTT R  
5628 WESTPORT ST.  
NA  
NORTH PORT, FL 34291 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

**OFFICERS AND DIRECTORS:**

Title: DIR ( ) Delete  
Name: NGALLE, SOPPO P  
Address: 575 MAIN ST.  
City-St-Zip: NEW YORK, NY 10044 US

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

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

Title: DIR (X) Delete  
Name: CHRISTENSEN, JOHN A  
Address: 3025 MARKRIDGE RD  
City-St-Zip: SARASOTA, FL 34231 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: OFFR (X) Change ( ) Addition  
Name: BURT, SCOTT R  
Address: 5628 WESTPORT ST.  
City-St-Zip: NORTH PORT, FL 34291 US

Title: OFFR (X) Change ( ) Addition  
Name: HEINLEIN, CHARLES D  
Address: 2064 MANHEIM AVE.  
City-St-Zip: NORTH PORT, FL 34286 US

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

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 A. CHRISTENSEN

DIR

06/19/2009

Electronic Signature of Signing Officer or Director

Date