2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000050072

Entity Name: FLORIDA SUNCHASER, INC.

FILED Feb 24, 2009 Secretary of State

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

580 SACRE COEUR DRIVE 2311 HIGHWAY 524 SUITE C-114 MELBOURNE, FL 32935 COCOA, FL 32926 US

Current Mailing Address: New Mailing Address:

580 SACRE COEUR DRIVE 2311 HIGHWAY 524 SUITE C-114 MELBOURNE, FL 32935 COCOA, FL 32926 US

FEI Number: 26-2661430 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HARDEN, DIANE H 580 SACRE COEUR DRIVE MELBOURNE, FL 32935 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:

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Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 HARDEN, DIANE H
 Name:
 HARDEN, DIANE H

 Address:
 580 SACRE COEUR DRIVE
 Address:
 580 SACRE COEUR DRIVE

City-St-Zip: MELBOURNE, FL 32935 Address: S00 SACRE COLOR DRIVE

City-St-Zip: MELBOURNE, FL 32935 US

Title: VP () Delete Title: VP (X) Change () Addition Name: HARDEN, JOSHUA S Name: HARDEN, JOSHUA S

Address: 580 SACRE COEUR DRIVE Address: 2833 NOTRE DAME AVE City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: MELBOURNE, FL 32935 US

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad {\sf (X) Change () Addition}$

Name: HARDEN, JONATHAN A
Address: 580 SACRE COEUR DRIVE Address: 968 LYTTON RD

City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: MELBOURNE, FL 32934 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: DIANE H HARDEN DPT 02/24/2009