

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000054020

Entity Name: NE 1200 INC.

FILED  
Jan 19, 2009  
Secretary of State

## Current Principal Place of Business:

1200 NORTH FEDERAL HWY  
STE 209  
BOCA RATON, FL 334322845 US

## New Principal Place of Business:

## Current Mailing Address:

1200 NORTH FEDERAL HWY  
STE 209  
BOCA RATON, FL 334322845 US

## New Mailing Address:

FEI Number: 65-0051412

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LESNICK, IRVING I  
1200 NORTH FEDERAL HWY  
STE 209  
BOCA RATON, FL 334322845 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: P ( ) Delete  
Name: HARNETT, BERTRAM  
Address: 150 EAST PALMETTO PK RD, SUITE 500  
City-St-Zip: BOCA RATON, FL 33432 US

Title: VP, ( ) Delete  
Name: LESNICK, IRVING I  
Address: 150 EAST PALMETTO PK RD, SUITE 500  
City-St-Zip: BOCA RATON,, FL 33432 US

Title: SECY ( ) Delete  
Name: LESNICK, IRVING I  
Address: 150 EAST PALMETTO PK RD, SUITE 500  
City-St-Zip: BOCA RATON, FL 33432 US

## 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:

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: IRVING I LENSICK

VP

01/19/2009

Electronic Signature of Signing Officer or Director

Date