2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2009
Secretary of State

DOCUMENT# P08000104856

Entity Name: BETHESDA/SOLANTIC, INC.

Current Principal Place of Business:

2815 SOUTH SEACREST BOULEVARD
BOYNYON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

2815 SOUTH SEACREST BOULEVARD
BOYNYON BEACH, FL 33435

New Mailing Address:

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

Name and Address of Current Registered Agent:

MONAGHAN, TIMOTHY E ESQ.
54 NE FOURTH AVENUE
DELRAY BEACH, FL 33483 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Change (X) Addition
Name: HILL, ROBERT
Address: 2815 S. SEACREST BOULEVARD
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: VP D ( ) Change (X) Addition
Name: KIRK, ROGER
Address: 2815 S. SEACREST BOULEVARD
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: VP D ( ) Change (X) Addition
Name: BROADWAY, ROBERT
Address: 2815 S. SEACREST BOULEVARD
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: T D ( ) Change (X) Addition
Name: AQUILINA, JOANNE
Address: 2815 S. SEACREST BOULEVARD
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: S ( ) Change (X) Addition
Name: STRAWN, JOEL T
Address: 54 NE FOURTH AVENUE
City-St-Zip: DELRAY BEACH, FL 33483 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: ROBERT HILL P 05/13/2009
Electronic Signature of Signing Officer or Director — Date