## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P13779

GITTLIN, ADAM

NEW YORK, NY 10001

360 WEST 31ST STREET SUITE 1000

Name:

Address: City-St-Zip: FILED Mar 24, 2009 Secretary of State

Entity Name: GITTLIN COMPANIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 360 WEST 31ST STREET **SUITE 1000** NEW YORK, NY 10001 **New Mailing Address: Current Mailing Address:** 360 WEST 31ST STREET SUITE 1000 NEW YORK, NY 10001 FEI Number: 22-1638818 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: GITTLIN, BRUCE D GITTLIN, BRUCE D 1000 CLINT MOORE ROAD 990 S. ROGERS CIRCLE SUITE 201 SUITE 8 BOCA RATON, FL 33487 US BOCA RATON, FL 33487 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: 03/24/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition GITTLIN, BRUCE D Name: Name: 360 WEST 31ST STREET SUITE 1000 Address: Address: City-St-Zip: NEW YORK, NY 10001 City-St-Zip: Title: VTD () Delete Title: (X) Change ( ) Addition Name: GITTLIN, S. ROBERT Name: GITTLIN, S. ROBERT 1000 CLINT MOORE RD SUITE 201 990 S. ROGERS CIRCLE SUITE 8 Address: Address: MIAMI, FL 33487 BOCA RATON, FL 33487 City-St-Zip: City-St-Zip: Title: Title: VS ( ) Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BRUCE D. GITTLIN P 03/24/2009