2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000081180

Entity Name: KIRIC INVESTMENTS, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1522 PARK ROAD WAYNESBORO, VA 22980 **Current Mailing Address: New Mailing Address:** 1522 PARK RD WAYNESBORO, VA 22980 FEI Number: 65-0531013 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: WHITESMAN, GUY E HENDERSON FRANKLIN STARNES & HOLT PA 1715 MONROE ST FT MYERS, FL 33901 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DVP () Delete Title: (X) Change () Addition HENDRICKS, RICHARD A HENDRICKS, RICHARD A Name: Name: 1522 PARK ROAD 1522 PARK ROAD Address: Address: City-St-Zip: WAYNESBORO, VA City-St-Zip: WAYNESBORO, VA 22980 DP Title: DP Title: () Delete (X) Change () Addition Name: HENDRICKS, DIANNE L Name: HENDRICKS, DIANNE L 1522 PARK ROAD 1522 PARK ROAD Address: Address: WAYNESBORO, VA 22980 City-St-Zip: WAYNESBORO, VA City-St-Zip: () Delete Title: DVP Title: () Change () Addition HENDRICKS, KIRSTAN L Name: Name: 1435 WALDEMAR DRIVE Address: Address: City-St-Zip: CHARLOTTESVILLE, VA 22903 City-St-Zip: Title: DS () Delete Title: () Change () Addition HENDRICKS, RICHARD A II Name: Name: Address: 1435 WALDEMAR DRIVE Address: City-St-Zip: CHARLOTTESVILLE, VA 22903 City-St-Zip: Title: Title: () Delete () Change () Addition WOOD, SHARON V Name: Name: 220 PELHAM DRIVE Address: Address: City-St-Zip: WAYNESBORO, VA 22980 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: SHARON V. WOOD TREA 04/22/2009