## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000000329

861 S.E. TAMMEL TRACE

STUART, FL 34997

Address: City-St-Zip:

Entity Name: DOWNEAST SUPPORT SYSTEMS INC.

FILED Feb 05, 2009 Secretary of State

y	ne. Bom		(1010121110, 1110					
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
	WOOD CREE Y, FL 34990	EKTRAIL US						
Current Mailing Address:				New Maili	New Mailing Address:			
P.O. BOX PALM CIT	1893 Y, FL 34990	US						
FEI Number:	65-0548625	FEI Number	Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of	Status Desired ( )	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
3389 S.W. PALM CIT	RDI, R. SCOT WOOD CRE Y, FL 34990 named entity	EEK TRAIL US	tatement for the p	urpose of changing i	ts registere	d office or regist	ered agent, or both,	
SIGNATUR		onic Signature o	of Registered Age	nt		Date	<u> </u>	
Election Car	npaign Financi	ng Trust Fund Co	ontribution ( ).					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( BRYAN, DEAI 119 HEARTS STANDISH, M	DE RD		Title: Name: Address: City-St-Zip:		() Change () Ad	dition	
Title: Name: Address: City-St-Zip:	SPUGNARDI,	OOD CREEK TRA	IL	Title: Name: Address: City-St-Zip:		() Change () Ad	dition	
Title: Name:	VP ( PHOEBUS, K	) Delete RISTEN		Title: Name:	VP PHOEBUS,	(X) Change ( ) Ac KRISTEN	ldition	

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.

Address:

City-St-Zip:

861 S.E. TRAMMEL TRACE

STUART, FL 34997

SIGNATURE: DEAN BRYAN P 02/05/2009