2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# P95000064815

Entity Name: JULIE THOMPSON & ASSOCIATES, INC.

Current Principal Place of Business:

8255 W. SUNRISE BLVD.
179
PLANTATION, FL 33322

New Principal Place of Business:

1844 N NOB HILL RD.
#620
PLANTATION, FL 33322

Current Mailing Address:

8255 W. SUNRISE BLVD.
179
PLANTATION, FL 33322

New Mailing Address:

1844 N NOB HILL RD.
#620
PLANTATION, FL 33322

FEI Number: 65-0615180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKIPPER, MARK
15 SW 10 ST
FORT LAUDERDALE, FL 33315 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: PSTD ( ) Delete
Name: THOMPSON, JULIE
Address: 8255 W. SUNRISE BVD.; #179
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: THOMPSON, JULIE
Address: 1844 N NOB HILL RD; #620
City-St-Zip: PLANTATION, FL 33322

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: JULIE THOMPSON PRES 03/18/2009
Electronic Signature of Signing Officer or Director Date