2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P9600000097

Entity Name: GENE R. ALBARELLE. P.A.

FILED Mar 13, 2009 Secretary of State

| Correct Deinsing Disea of Business. | May Dringing Diago of Business |
|--------------------------------------|----------------------------------|
| Current Principal Place of Business: | New Principal Place of Business: |

1150 US HIGHWAY ONE 1150 US HIGHWAY ONE

PRUDENTIAL FLORIDA WCI REALTY

JUPITER, FL 33477 US

PRUDENTIAL FLORIDA REALTY

JUPITER, FL 33477 US

Current Mailing Address: New Mailing Address:

18660 SE RIVER RIDGE RD TEQUESTA, FL 33469 US

FEI Number: 65-0659038 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:

RAYNOR, ESQ. J
14155 U. S. HWY ONE
STE 304
JUNO BEACH, FL 22408 US

RAYNOR, ESQ. J
790 JUNO OCEAN WALK
STE 600
JUNO BEACH, FL 33408 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: 03/13/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 ALBARELLE, GENE R
 Name:

 Address:
 18660 SE RIVER RIDGE RD
 Address:

 City-St-Zip:
 TEQUESTA, FL 33469
 City-St-Zip:

Title: VSTD () Delete Title: () Change () Addition

 Name:
 ALBARELLE, CAMILLE B
 Name:

 Address:
 18660 SE RIVER RIDGE RD
 Address:

 City-St-Zip:
 TEQUESTA, FL
 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: GENE R ALBARELLE PD 03/13/2009