2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# P96000016856

Entity Name: BONA TERRA, INC.

Current Principal Place of Business:

12 STONE MOUNTAIN BLVD
ENGLEWOOD, FL 34223

New Principal Place of Business:

12 STONE MOUNTAIN BLVD
ENGLEWOOD, FL 34223 SA

Current Mailing Address:

12 STONE MOUNTAIN BLVD
ENGLEWOOD, FL 34223

New Mailing Address:

12 STONE MOUNTAIN BLVD
ENGLEWOOD, FL 34223 US

FEI Number: 65-0680549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BONA, THOMAS
12 STONE MOUNTAIN BLVD
ENGLEWOOD, FL 34223 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: DP ( ) Delete
Name: BONA, EVELYN
Address: 12 STONE MOUNTAIN BLVD
City-St-Zip: ENGLEWOOD, FL 34223

Title: DV ( ) Delete
Name: FALKNORE, MICHELLE
Address: 3030 W WILSON AVE
City-St-Zip: CHICAGO, IL 60625

Title: DST ( ) Delete
Name: BONA, THOMAS C
Address: 12 STONE MOUNTAIN BLVD.
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: BONA, EVELYN
Address: 12 STONE MOUNTAIN BLVD
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: DV (X) Change ( ) Addition
Name: FALKNOR, MICHELLE
Address: 3030 W WILSON AVE
City-St-Zip: CHICAGO, IL 60625

Title: ( ) Change ( ) Addition
Name:
Address:
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: THOMAS BONA DST 04/19/2009

Electronic Signature of Signing Officer or Director — Date