

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000034735

Entity Name: NEWCASTER DEVCORP, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

203 WATERFORD WAY
SUITE 800
MIAMI, FL 33126

Current Mailing Address:

203 WATERFORD WAY
SUITE 800
MIAMI, FL 33126

New Principal Place of Business:

703 WATERFORD WAY
SUITE 800
MIAMI, FL 33126

New Mailing Address:

703 WATERFORD WAY
SUITE 800
MIAMI, FL 33126

FEI Number: 65-0664764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PITTS, W D
703 WATERFORD WAY, SUITE 800
MIAMI, FL 33126 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: VD () Delete
Name: COURTELIS, KIKI L
Address: 703 WATERFORD WAY, SUITE 800
City-St-Zip: MIAMI, FL 33126

Title: S () Delete
Name: KURPS, JAMES
Address: 703 WATERFORD WAY, SUITE 800
City-St-Zip: MIAMI, FL 33126

Title: T () Delete
Name: PRIDGEN, DOUGLAS H
Address: 703 WATERFORD WAY, SUITE 800
City-St-Zip: MIAMI, FL 33126

Title: EVP () Delete
Name: VASSILAROS, ELIAS
Address: 703 WATERFORD WAY, SUITE 800
City-St-Zip: MIAMI, FL 33126

Title: PD () Delete
Name: PITTS, DOUGLAS W
Address: 703 WATERFORD WAY, SUITE 800
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: KIELY, BRIAN F
Address: 703 WATERFORD WAY, SUITE 800
City-St-Zip: MIAMI, FL 33126

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRIAN F KIELY

T

04/29/2009

Electronic Signature of Signing Officer or Director

Date