2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000006288

Entity Name: KOORNNEEF PARTNERS, INC.

FILED Jan 19, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

955 OLD STATE ROAD 8 956 OLD STATE ROAD 8 VENUS, FL 33960 VENUS, FL 339602167

Current Mailing Address: New Mailing Address:

 955 OLD STATE ROAD 8
 956 OLD STATE ROAD 8

 VENUS, FL 33960
 VENUS, FL 339602167

FEI Number: 59-3428977 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:

BDB AGENT CO.
5355 TOWN CENTER ROAD
SUITE 900
BOCA RATON, FL 33486 US

KOORNNEEF, JACOB D
956 OLD STATE ROAD 8
VENUS, FL 339602167 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: JACOB KOORNNEEF 01/19/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

D () Delete Title: D (X) Change () Addition

 Name:
 KOORNNEEF, JACOB
 Name:
 KOORNNEEF, JACOB

 Address:
 5700 SIMMS ROAD
 Address:
 190 MELANIE DRIVE

 City-St-Zip:
 DELRAY BEACH, FL 33484
 City-St-Zip:
 LAKE PLACID, FL 338527859

Title: D () Delete Title: D (X) Change () Addition

 Name:
 KOORNNEEF, MARIA J
 Name:
 KOORNNEEF, MARIA J

 Address:
 5700 SIMMS ROAD
 Address:
 190 MELANIE DRIVE

 City-St-Zip:
 DELRAY BEACH, FL 33484
 City-St-Zip:
 LAKE PLACID, FL 338527859

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: JACOB KOORNNEEF D 01/19/2009