

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000020967

FILED
Apr 14, 2009
Secretary of State

Entity Name: ENCOMPASS GROUP AFFILIATES, INC.

Current Principal Place of Business:

420 LEXINGTON AVENUE
SUITE 2739
N.Y.N.Y, NY 10170

New Principal Place of Business:

420 LEXINGTON AVENUE
SUITE 2739
NEW YORK, NY 10170

Current Mailing Address:

420 LEXINGTON AVENUE
SUITE 2739
N.Y.N.Y, NY 10170

New Mailing Address:

420 LEXINGTON AVENUE
SUITE 2739
NEW YORK, NY 10170

FEI Number: 65-0738251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LITCHMAN, JOHN
20283 STATE RD. 7
SUITE 300
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

DONAHUE, JOHN E
7060 STATE ROAD 84
SUITE 12
FT. LAUDERDALE, FL 33317 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: JOHN E DONAHUE

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: DANSON, WAYNE I
Address: 420 LEXINGTON AVE, STE 2739
City-St-Zip: NEW YORK, NY 10170 US

Title: CFOS () Delete
Name: DONAHUE, JOHN E
Address: 420 LEXINGTON AVE, STE 2739
City-St-Zip: NEW YORK, NY 10170 US

Title: D () Delete
Name: NOLAN, WILLIAM
Address: 420 LEXINGTON AVE, STE 2739
City-St-Zip: NEW YORK, NY 10170 US

Title: COO () Delete
Name: MILLER, STEVEN J
Address: 420 LEXINGTON AVE, STE 2739
City-St-Zip: NEW YORK, NY 10170 US

Title: D () Delete
Name: BLACK, JOHN
Address: 420 LEXINGTON AVE, STE 2739
City-St-Zip: NEW YORK, NY 10170 US

Title: D () Delete
Name: KETTLER, THOMAS
Address: 420 LEXINGTON AVE, STE 2739
City-St-Zip: NEW YORK, NY 10170 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JOHN E DONAHUE

CFOS

04/14/2009

Electronic Signature of Signing Officer or Director

Date