2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P97000047995

Entity Name: FRESHPOINT SOUTH FLORIDA, INC.

Current Principal Place of Business:

2300 NW 19TH AVENUE
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

1390 ENCLAVE PARKWAY
HOUSTON, TX 77077 US

New Mailing Address:

FEI Number: 65-0767279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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: PSD ( ) Delete
Name: LASKO, JONATHAN S
Address: 1351 N.W. 22ND STREET
City-St-Zip: POMPANO BEACH, FL 33069

Title: VD ( ) Delete
Name: NICHOLS, MICHAEL C
Address: 1390 ENCLAVE PKWY
City-St-Zip: HOUSTON, TX 77077

Title: V ( ) Delete
Name: SHOEMAKER, ROBERT K
Address: 8801 EXCHANGE DRIVE
City-St-Zip: ORLANDO, FL 32809

Title: VPS ( ) Delete
Name: KURZ, THOMAS P
Address: 1390 ENCLAVE PKWY
City-St-Zip: HOUSTON, TX 77077

Title: AS ( ) Delete
Name: BROOKS, CONNIE S
Address: 1390 ENCLAVE PKWY
City-St-Zip: HOUSTON, TX 77077

Title: T ( ) Delete
Name: DRUMMOND, KIRK G
Address: 1390 ENCLAVE PKWY
City-St-Zip: HOUSTON, TX 77077

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LASKO, JONATHAN S
Address: 1351 N.W. 22ND STREET
City-St-Zip: POMPANO BEACH, FL 33069

Title: VP (X) Change ( ) Addition
Name: NICHOLS, MICHAEL C
Address: 1390 ENCLAVE PKWY
City-St-Zip: HOUSTON, TX 77077

Title: VP (X) Change ( ) Addition
Name: SHOEMAKER, ROBERT K
Address: 8801 EXCHANGE DRIVE
City-St-Zip: ORLANDO, FL 32809

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: CONNIE S. BROOKS AS 04/15/2009

Electronic Signature of Signing Officer or Director Date