2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P98000002418

Entity Name: M.C. LOCHMAIER INC.

Current Principal Place of Business:

205 WORTH AVE. 307C
PALM BEACH, FL 33480 US

New Principal Place of Business:

205 WORTH AVENUE
SUITE 307C
PALM BEACH, FL 33480 US

Current Mailing Address:

205 WORTH AVE. 307C
PALM BEACH, FL 33480 US

New Mailing Address:

205 WORTH AVENUE
SUITE 307C
PALM BEACH, FL 33480 US

FEI Number: 59-3486015 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOCKMAIER, MERRILL
205 WORTH AVE.
307C
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

LOCHMAIER, MERRILL
205 WORTH AVENUE
307C
PALM BEACH, FL 33480 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: MERRILL LOCHMAIER 05/01/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: LOCHMAIER, MERRILL
Address: 44 COCOANUT ROW
City-St-Zip: PALM BEACH, FL 33480

Title: DV (X) Delete
Name: LOCHMAIER, LINDI
Address: 5885 5TH AVE., SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: LOCHMAIER, MERRILL
Address: 205 WORTH AVENUE
City-St-Zip: PALM BEACH, FL 33480

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: MERRILL LOCHMAIER PRES 05/01/2009
Electronic Signature of Signing Officer or Director Date