2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000086066

FILED Apr 17, 2009 Secretary of State

Entity Name: CHRIS FONTAINE, INC. **Current Principal Place of Business: New Principal Place of Business:** 1485 N. BERKLEY ROAD AUBURNDALE, FL 33823 **Current Mailing Address: New Mailing Address:** 1485 N. BERKLEY ROAD AUBURNDALE, FL 33823 FEI Number: 59-3547269 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARDNER, MERRITT A GARDNER, MERRITT A 5415 MARINER ST. SUITE 200 1485 N. BERKLEY ROAD AUBURNDALE, FL 33823 US TAMPA, FL 33609 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: 04/17/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition FONTAINE, GLENDA C Name: Name: 5934 PIER PLACE DRIVE Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: Title: () Delete Title: (X) Change () Addition ALBRIGHT, MARK Name: ALBRIGHT, MARK Name: 1501 SHEPHERD ROAD NO.9 Address: 412 APACHE TRAIL Address: LAKELAND, FL 33811 MULBERRY, FL 33860 City-St-Zip: 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: MARK ALBRIGHT 04/17/2009 ST