2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000085839

Entity Name: BUTLER & ASSOCIATES, INC.

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 91 BRANSCOMB ROAD **EDGESEN OFFICE PARK SUITE 1** GREEN COVE SPRINGS, FL 32043 **New Mailing Address: Current Mailing Address:** P.O. BOX 30282 DOCTORS INLET, FL 32030 FEI Number: 59-3608453 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: BUTLER, DAVID BUTLER, DAVID W 668 LAKÉ ASBURY DR. 668 LAKE ASBURY DR. GREEN COVE SPRINGS, FL 32043 US GREEN COVE SPRINGS, FL 32043 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: DAVID W. BUTLER 03/24/2009 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 BUTLER, DAVID Name: Name: PO BOX 30282 Address: Address: City-St-Zip: DCOTORS INLET, FL 32030 City-St-Zip: Title: TSD Title: () Change () Addition () Delete Name: BUTLER, GAIL Name: PO BOX 30282 Address: Address: DCOTORS INLET, FL 32030 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: DAVID W. BUTLER PD 03/24/2009