2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S47771

FILED Apr 30, 2009 Secretary of State

Entity Na	me: TUSCA	NY, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
#101	FORD DR. RNE, FL 329	40					
Current Mailing Address:				New Mailing Address:			
P.O. BOX MELBOUF	410457 RNE, FL 329	410457 US					
FEI Number: 59-3066993 FEI Number Applied For ()			r() FEI Nu	mber Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
#101	GARY B FORD DR. RNE, FL 329	40 US					
	e named entity e of Florida.	y submits this statement f	or the purpose o	of changing i	ts registe	ered office or registered agent, or both,	
SIGNATU	RE:						
	Electro	onic Signature of Registe	red Agent			Date	
Election Ca	mpaign Financi	ing Trust Fund Contribution	().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (FOLENO, GA 1300 BEDFO MELBOURNE	RD DR.		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	ALH (() Delete		Title:	VP	(X) Change()Addition	

Title: AI H () Delete Name: FOLENO, GARY J

Name:

Address:

City-St-Zip:

Address: 1299 BEDFORD DR. STE B2 City-St-Zip: MELBOURNE, FL 32940

FOLENO, RONALD J

1299 BEDFORD DR. STE B2

MELBOURNE, FL 32940

FOLENO, RONALD J Name: Address: 1300 BEDFORD DR. STE 101 MELBOURNE, FL 32940 City-St-Zip:

Title: ALH (X) Change () Addition

Name: FOLENO, GARY J

Address: 1300BEDFORD DR. STE 101 City-St-Zip: MELBOURNE, FL 32940

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: RONALD J. FOLENO VΡ 04/30/2009