

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S69489

Entity Name: EAST GLADE HOLDINGS, INC.

FILED  
Mar 30, 2009  
Secretary of State

**Current Principal Place of Business:**

12950 N.W. 113 COURT  
MEDLEY, FL 33178 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 160328  
MIAMI, FL 331160328 US

**New Mailing Address:**

FEI Number: 65-0289967

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REAMER, JEFF  
9255 SW 58 AVE  
MIAMI, FL 33156 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: DP ( ) Delete  
Name: REAMER, JEFFREY  
Address: 9255 SW 58TH AVENUE  
City-St-Zip: MIAMI, FL 33156 US

Title: SEC ( ) Delete  
Name: REAMER, JEFFREY S  
Address: 12950 NW 113TH COURT  
City-St-Zip: MIAMI, FL 33178 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: JEFFREY S REAMER

DP

03/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date