2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V53085

Address:

City-St-Zip:

7033 GRASSY BAY DRIVE

WEST PALM BEACH, FL 33411

Entity Name: ASSELTA & COMPANY, INC.

FILED Apr 27, 2009 Secretary of State

Littly Nan	HE. ASSELTA & COMPANT, INC.			
Current Principal Place of Business:		New Principal Place of E	New Principal Place of Business:	
	OCEAN AVE BEACH, FL 33435 US	2424 N FEDERAL HWY SUITE 157 BOCA RATON, FL 33432	. US	
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
	SSY BAY DRIVE .M BEACH, FL 33414 US	2424 N FEDERAL HWY SUITE 157 BOCA RATON, FL 33432	. Us	
FEI Number:	65-0344690 FEI Number Applied For ()	El Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address of N	Name and Address of New Registered Agent:	
2424 N FÉI 157 BOCA RAT	SHAWN M DERAL HWY ON, FL 33431 US named entity submits this statement for the purp of Florida.	ose of changing its registered of	fice or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Agent		Date	
Election Can	npaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete ASSELTA, MAUREEN 7033 GRASSY BAY PL WEST PALM BEACH, FL 33411	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	DP () Delete ASSELTA, MAUREEN H 7033 GRASSY BAY DRIVE WEST PALM BEACH, FL 33411	Title: () Name: Address: City-St-Zip:	Change ()Addition	
Title: Name:	VP () Delete ASSELTA, SHAWN M	Title: () Name:	Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: SHAWN ASSELTA VP 04/27/2009