2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V64592

FILED Apr 30, 2009 Secretary of State

Entity Name: THE STAINTON CORPORATION

Current Principal Place of Business:			New Principal Place of Business:		
	AMI TRAIL ORDA, FL 33!	950			
current Mailing Address:			New Mailing Address:		
	AMI TRAIL ORDA, FL 33	950			
El Number	: 65-0356975	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	N, DEAN STCHESTER ARLOTTE, FL				
	named entity e of Florida.	submits this statement for the p	purpose of changing its registere	d office or registered agent, or both,	
	e of Florida.	submits this statement for the p	purpose of changing its registere	d office or registered agent, or both,	
the State	e of Florida. ´ RE:	submits this statement for the particular sta		od office or registered agent, or both, Date	
the State	e of Florida. RE: Electrol				
n the State	e of Florida. RE: Electrol	nic Signature of Registered Ag g Trust Fund Contribution().	ent		
n the State	e of Florida. RE: Electrol mpaign Financin S AND DIRECT P (STAINTON, DE 23347 WESTO	nic Signature of Registered Ag g Trust Fund Contribution (). CTORS:	ent	Date	
n the State SIGNATUI Iection Car DFFICER: itle: ame: ddress:	e of Florida. RE: Electrol mpaign Financin S AND DIREC P (STAINTON, DE 23347 WESTO PORT CHARLO W (STAINTON, MA 20399 MIDWA	nic Signature of Registered Ag g Trust Fund Contribution (). ETORS:) Delete EAN HESTER BLVD. DTTE, FL 33980) Delete RGARET	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR	

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: DEAN STAINTON	Р	04/30/2009
	Р	