

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 254684

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: SELFIN CORPORATION

**Current Principal Place of Business:**

C/O N. DOUGLAS CASSEL  
199 BEACH ROAD  
VINEYARD HAVEN, MA 02568

**New Principal Place of Business:**

**Current Mailing Address:**

C/O N. DOUGLAS CASSEL  
P.O. BOX 238  
VINEYARD HAVEN, MA 02568

**New Mailing Address:**

FEI Number: 59-0966755      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BURNHAM, YERBURY  
7745 INDIAN OAKS DR  
APT H116  
VERO BEACH, FL 32966 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: PD ( ) Delete  
Name: CASSEL, DOUGLAS,  
Address: WEAVER LANE  
City-St-Zip: VINEYARD HAVEN, MA

Title: D ( ) Delete  
Name: CASSEL, GEOFFREY,  
Address: WEAVER LANE  
City-St-Zip: VINEYARD HAVEN, MA

Title: D ( ) Delete  
Name: CASSEL, PAMELA,  
Address: WEAVER LANE  
City-St-Zip: VINEYARD HAVEN, MA

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: N. DOUGLAS CASSEL

PRES

03/30/2009

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

\_\_\_\_\_ Date