2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000007475

FILED Apr 22, 2008 Secretary of State

Entity Name: ABSTINENCE BETWEEN STRONG TEENS INTERNATIONAL, INC.

Current Principal Place of Business: New Principal Place of Business: 18151 SW 98 COURT MIAMI, FL 33157 **Current Mailing Address: New Mailing Address:** 18151 SW 98 COURT MIAMI, FL 33157 FEI Number: 65-1054347 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCMILLAN, ALTHEA F 10371 SW 152ND STREET MIAMI, FL 33157 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MCMILLAN, ALTHEA F Name: Name: 10371 SW 152ND STREET Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: Title: VD () Delete Title: VD (X) Change () Addition Name: TROUP, KIM A Name: TROUP, KIM A Address: 780 TERRACE MILLS DRIVE Address: 7050 WADE ROAD City-St-Zip: DOUGLASVILLE, GA 30134 City-St-Zip: AUSTELL, GA 30168 Title: VD. () Delete Title: () Change () Addition SNEAD, TANGELA Name: Name: 7050 WADE ROAD Address: Address: City-St-Zip: AUSTELL, GA 30168 City-St-Zip: Title: TD () Delete Title: TD (X) Change () Addition JONES, DARRYL ESQ Name: Name: JONES, DARYL ESQ 15820 SW 98 COURT Address: Address: 15820 SW 98 COURT City-St-Zip: MIAMI, FL 33157 City-St-Zip: MIAMI, FL 33157 Title: () Delete Title: () Change () Addition VENNING, CETER M Name: Name: 7050 WADE ROAD Address: Address: City-St-Zip: AUSTELL, GA 30168 City-St-Zip: Title: () Delete Title: () Change () Addition YOUNG, SAUNDRA DR. Name: Name: Address: 7452 SW 187 STREET Address: MIAMI, FL 33157 City-St-Zip: 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALTHEA F. MC MILLAN PRES 04/22/2008