

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001870

FILED
Apr 20, 2009
Secretary of State

Entity Name: HOLY SMOKE, INC.

Current Principal Place of Business:

1951 N.W. 29TH ROAD
BOCA RATON, FL 33431

New Principal Place of Business:

1160 WILDE DR
SUITE B
CELEBRATION, FL 34747

Current Mailing Address:

1951 N.W. 29TH ROAD
BOCA RATON, FL 33431

New Mailing Address:

1160 WILDE DR
SUITE B
CELEBRATION, FL 34747

FEI Number: 38-3724534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRICE, DAVID T ESQ.
550 SW 12TH AVENUE
DEERFIELD BEACH, FL 33442 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STEVENS, GERALD A
Address: 1951 N.W. 29TH ROAD
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: STEVENS, KATHERINE M
Address: 1951 N.W. 29TH ROAD
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: DRAPP, JENNIFER
Address: 1951 N.W. 29TH ROAD
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STEVENS, GERALD A
Address: 1160 WILDE DR
City-St-Zip: CELEBRATION, FL 34747

Title: D (X) Change () Addition
Name: STEVENS, KATHERINE M
Address: 1160 WILDE DR
City-St-Zip: CELEBRATION, FL 34747

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERINE STEVENS

D

04/20/2009

Electronic Signature of Signing Officer or Director

Date