2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# N07000001327

Entity Name: ALLIED VETERANS OF THE WORLD, INC: AFFILIATE 31

Current Principal Place of Business:

1050 US HIGHWAY 27
SUITE #10
CLERMONT, FL 34714

New Principal Place of Business:

1625 FOUR SEASONS BLVD.
SUITE 161
HENDERSONVILLE, NC 28793

Current Mailing Address:

P.O. BOX 633
CALLAHAN, FL 32011

New Mailing Address:

FEI Number: 20-8428496 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MATHIS, KELLY B ESQ
50 NORTH LAURA ST.
SUITE 1700
JACKSONVILLE, FL 32202 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: DUNCAN, JOHNNY E
Address: P.O. BX 633
City-St-Zip: CALLAHAN, FL 32011

Title: D ( ) Delete
Name: CUMMINGS, DONALD
Address: 8809 TOWNSQUARE DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

Title: DIR ( ) Delete
Name: BASS, JERRY
Address: 2826 WATERVIEW CIRCLE
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DUNCAN, JOHNNY E
Address: P.O. BOX 633
City-St-Zip: CALLAHAN, FL 32011

Title: D (X) Change ( ) Addition
Name: DAVIS, MICHAEL
Address: 96528 BLACKROCK RD.
City-St-Zip: YULEE, FL 32097

Title: D (X) Change ( ) Addition
Name: BASS, JERRY
Address: 2826 WATERVIEW CIRCLE
City-St-Zip: JACKSONVILLE, FL 32226

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: LAURIE M. LEE, ESQ. ATTY 02/26/2009

Electronic Signature of Signing Officer or Director — Date