

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 19, 2009
Secretary of State**

DOCUMENT# N08000004538

Entity Name: 365 PINK FOUNDATION, INC.

Current Principal Place of Business:

9448 NW 54TH STREET
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

1802 N. UNIVERSITY DRIVE, SUITE 102
PMB #383
PLANTATION, FL 333224115

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELL, LISA E
7925 PLANTATION BLVD
MIRAMAR, FL 33023 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: P () Delete
Name: DAWES, CHERRELLE N
Address: 1802 N. UNIVERSITY DR., STE 102-PMB #383
City-St-Zip: PLANTATION, FL 33322

Title: V () Delete
Name: BELL, LISA E
Address: 1802 N. UNIVERSITY DR., STE 102-PMB #383
City-St-Zip: PLANTATION, FL 33322

Title: V () Delete
Name: THOMPSON, KENDRA M
Address: 1802 N. UNIVERSITY DR., STE 102-PMB #383
City-St-Zip: PLANTATION, FL 33322

Title: V () Delete
Name: PRICE, KRISTA N
Address: 1802 N. UNIVERSITY DR., STE 102-PMB #383
City-St-Zip: PLANTATION, FL 33322

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:

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: CHERRELLE N DAWES

P

01/19/2009

Electronic Signature of Signing Officer or Director

Date