

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2009  
Secretary of State**

DOCUMENT# N08000008528

Entity Name: STOPOPIATEDEATHS.ORG, INC

**Current Principal Place of Business:**

1026 SW 2ND AVE  
C  
GAINESVILLE, FL 32601 US

**New Principal Place of Business:**

**Current Mailing Address:**

1026 SW 2ND AVE  
C  
GAINESVILLE, FL 32601 US

**New Mailing Address:**

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

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

OJAIDE, DAFE  
5453 TIMBERLEAF BLVD  
515  
ORLANDO, FL 32811 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: ADU, LAWRENCE  
Address: 1026 SW 2ND AVE, SUITE C  
City-St-Zip: GAINESVILLE, FL 32601 US

Title: VP ( ) Delete  
Name: OJAIDE, DAFE  
Address: 5453 TIMBERLEAF BLVD, #515  
City-St-Zip: ORLANDO, FL 32811 US

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

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: LAWRENCE ADU

MD

04/29/2009

Electronic Signature of Signing Officer or Director

Date