2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2009
Secretary of State

DOCUMENT# N08000011209

Entity Name: FLORIDA ASSOCIATION OF INDEPENDENT REFLEXOLOGISTS, INC.

Current Principal Place of Business:

132 SIGNATURE DRIVE
MELBOURNE BEACH, FL 32951

New Principal Place of Business:

142 CASSEEKEE TRAIL
MELBOURNE BEACH, FL 32951

Current Mailing Address:

PO BOX 592
HALLANDALE BEACH, FL 33008

New Mailing Address:

FEI Number: 90-0431286 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KUMPA, DAYL
132 SIGNATURE DRIVE
MELBOURNE BEACH, FL 32951 US

Name and Address of New Registered Agent:

KUMPA, DAYL
142 CASSEEKEE TRAIL
MELBOURNE BEACH, FL 32951 US

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: 06/25/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: KUMPA, DAYL
Address: 132 SIGNATURE DRIVE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VP ( ) Delete
Name: SANCHEZ, IGNACIO E
Address: PO BOX 592
City-St-Zip: HALLANDALE BEACH, FL 33008

Title: SECY ( ) Delete
Name: LEAVITT, JUDY
Address: 4873 NORTH CIMARRON DRIVE
City-St-Zip: BEVERLY HILLS, FL 34465

Title: TRES ( ) Delete
Name: SANCHEZ, IGNACIO E
Address: PO BOX 592
City-St-Zip: HALLANDALE BEACH, FL 33008

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: KUMPA, DAYL
Address: 142 CASSEEKEE TRAIL
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TRES (X) Change ( ) Addition
Name: LEAVITT, JUDY
Address: 4873 NORTH CIMARRON DRIVE
City-St-Zip: BEVERLY HILLS, FL 34465

Title: SECY (X) Change ( ) Addition
Name: BACHMAN, JENNIFER E
Address: 2742 SW REGENCY ROAD
City-St-Zip: STEWART, FL 34997

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: DAYL KUMPA PRES 06/25/2009
Electronic Signature of Signing Officer or Director — Date