## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N29304

· Nome: MAITHOUT END IN

OSBORNE, DARYSE

227 BROOK HILL DR

GAHANNA, OH 43236

Name: Address:

City-St-Zip:

FILED Mar 23, 2009 Secretary of State

Entity Na	me: WITHOUT	END, INC.			
Current P	Principal Place	of Business:	New Principal Place of Business:		
C/O YVON 2827 MAX LUTZ, FL					
Current N	lailing Address	s:	New Mailing Address:		
	PTION DR. US, OH 43230				
FEI Number	: 59-2970765	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
,	YVONNE D. (SMITH RD 33549 US				
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATU					
	Electroni	c Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () BEYNON, JOE 9136 EDGEWOO GAITHERSBURG		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DV () PETERS, CARL 2827 MAX SMIT LUTZ, FL 33549		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DP () PETERS, YVONI 2827 MAX SMITI LUTZ, FL 33548	H RD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () OSBORNE, SCC 227 BROOKHILI GAHANNA, OH	_ DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	D ()	Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: YVONNE D. PETERS PRES 03/23/2009