

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005502

FILED
Sep 05, 2008
Secretary of State

Entity Name: A PLACE 2 GO, INC.

Current Principal Place of Business:

4000 SOUTH LAKE TERRACE
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 245814
PEMBROKE PINES, FL 330245814

New Mailing Address:

FEI Number: 72-1596721 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:

Name and Address of New Registered Agent:

DRUMMER, SOLVAKIA N.
4000 SOUTH LAKE TERRACE
MIRAMAR, FL 33023 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPF () Delete
Name: DRUMMER, SOLVAKIA N.
Address: 4000 SOUTH LAKE TERRACE
City-St-Zip: MIRAMAR, FL 33023

Title: T () Delete
Name: HOPE, BELINDA D.
Address: 3900 SW 171ST TERRACE
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: WRIGHT, JOSEPH S.
Address: 2281 SHERMAN CIR., STE. B210
City-St-Zip: MIRAMAR, FL 33025

Title: DV () Delete
Name: HENDRIX, SONYA L.
Address: 4014 SW 56TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33025

Title: S () Delete
Name: PONDER, MARGIE H.
Address: 2001 NW 189TH TERRACE
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: OWENS, LISA M.
Address: 18750 NW 27TH AVE., STE. 1-204
City-St-Zip: MIAMI, FL 33056

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:

Title: D (X) Change () Addition
Name: OWENS, LISA
Address: 18750 NW 27TH AVE., STE. 1-204
City-St-Zip: MIAMI, FL 33056

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: SOLVAKIA DRUMMER

DPF

09/05/2008

Electronic Signature of Signing Officer or Director

Date