

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003704

FILED
Apr 22, 2010
Secretary of State

Entity Name: AUTHENTIC EXPOSURE INC.

Current Principal Place of Business:

15 SPARROW PATH
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

15 SPARROW PATH
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 37-1564595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACK, APRIL S
15 SPARROW PATH
CRAWFORDVILLE, FL 32327 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
Name: BLACK, APRIL S
Address: 15 SPARROW PATH
City-St-Zip: CRAWFORDVILLE, FL 32327 WA

Title: V
Name: BLACK, JASON T
Address: 15 SPARROW PATH
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T
Name: PARRAMORE, JACKIE
Address: 3423 NORTH RIDGE ROAD
City-St-Zip: TALLAHASSEE, FL 32305 LE

Title: O
Name: POTTER, MONIQUE
Address: 39 STARLING TRACE
City-St-Zip: CRAWFORDVILLE, FL 32327 WA

Title: S
Name: SCHELL, LINDA D
Address: 9727 SAPPINGTON AVE.
City-St-Zip: JACKSONVILLE, FL 32218 DU

Title: O
Name: LEE, ERIC
Address: 1824 PROSPECT ST.
City-St-Zip: JACKSONVILLE, FL 32218 DU

I hereby 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 all other like empowered.

SIGNATURE: APRIL BLACK

P

04/22/2010

Electronic Signature of Signing Officer or Director

Date