2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 440746

Entity Name: RIGHT NOW CORPORATION

FILED Mar 27, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15 SHERWOOD DR 1513 OCEAN SHORE BLVD ORMOND BEACH, FL 32174

SUITE 9-F

ORMOND BEACH, FL 32176

Current Mailing Address: New Mailing Address:

PO BOX 731074

ORMOND BEACH, FL 32173

FEI Number: 59-1890143 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ZIMMERMAN, ABRAHAM

EPSTEIN, MARTHA 15 SHERWOOD DR. 1513 OCÉAN SHORE BLVD

ORMOND BCH., FL 32174 SUITE 9-F US ORMOND BEACH, FL 32176 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: MARTHA EPSTEIN 03/27/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

PO BOX 731074

ORMOND BEACH, FL 32173

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition ZIMMERMAN, ABRAHAM Name: Name: EPSTEIN, MARTHA

15 SHERWOOD DR. 1513 OCEAN SHORE BLVD. Address: Address: City-St-Zip: ORMOND BCH., FL 32174 City-St-Zip: ORMOND BEACH, FL 32176

Title: VPF () Delete Title: STC (X) Change () Addition Name: EPSTEIN, LINDA Name: EPSTEIN, LINDA

PO BOX 731074 PO BOX 731074 Address: Address: ORMOND BEACH, FL 32173 ORMOND BEACH, FL 32173 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition STD () Delete **VPO** EPSTEIN, MARTHA FREDERICK, CYNTHIA Name: Name:

PO BOX 731074 PO BOX 731074 Address: Address: City-St-Zip: ORMOND BEACH, FL 32173 City-St-Zip: ORMOND BEACH, FL 32173

Title: VPO (X) Delete Title: () Change () Addition FREDERICK, CYNTHIA Name:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA EPSTEIN PD 03/27/2008