

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003341

FILED  
Apr 16, 2008  
Secretary of State

Entity Name: ASSOCIATION FOR CONSUMER AWARENESS, INC.

**Current Principal Place of Business:**

130 E JOHN CARPENTER FREEWAY  
IRVING, TX 75062

**New Principal Place of Business:**

1235 S MAIN STREET  
SUITE 100  
GRAPEVINE, TX 76051

**Current Mailing Address:**

130 E JOHN CARPENTER FREEWAY  
IRVING, TX 75062

**New Mailing Address:**

1235 S MAIN STREET  
SUITE 100  
GRAPEVINE, TX 76051

FEI Number: 75-2422086

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PD ( ) Delete  
Name: VACANT, VACANT  
Address: 130 E JOHN CARPENTER FREEWAY  
City-St-Zip: IRVING, TX 75062

Title: DST ( ) Delete  
Name: PAGEL, CINDY D  
Address: 130 E JOHN CARPENTER FREEWAY  
City-St-Zip: IRVING, TX 75062

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HALL, KEITH  
Address: 1235 S MAIN STREET #100  
City-St-Zip: GRAPEVINE, TX 76051

Title: DST (X) Change ( ) Addition  
Name: HARRISON, PAULA  
Address: 1235 S MAIN STREET #100  
City-St-Zip: GRAPEVINE, TX 76051

Title: D ( ) Change (X) Addition  
Name: LEDFORD, JIM  
Address: 1235 S MAIN STREET #100  
City-St-Zip: GRAPEVINE, TX 75062

Title: COMP ( ) Change (X) Addition  
Name: GARCIA, NANCY  
Address: 130 E JOHN CARPENTER FREEWAY  
City-St-Zip: IRVING, TX 75062

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: NANCY GARICA

COMP

04/16/2008

Electronic Signature of Signing Officer or Director

Date