

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003840

FILED
Feb 27, 2009
Secretary of State

Entity Name: DISCOVERY PROGRAM, INC.

Current Principal Place of Business:

107 SEEKEL STREET
NORFOLK, VA 23505

New Principal Place of Business:

Current Mailing Address:

107 SEEKEL STREET
NORFOLK, VA 23505

New Mailing Address:

FEI Number: 61-1418383 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STANLEY, SUSAN K
17521 HWY 441
SUITE 9
MOUNT DORA, FL 32757 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: HOBBS, S PAUL
Address: 1016 HOBBS ROAD
City-St-Zip: VIRGINIA BEACH, VA 23464

Title: VCD () Delete
Name: MCNIFF, EUGENE F
Address: 5101 CLEVELAND ST, SUITE 104
City-St-Zip: VIRGINIA BEACH, VA 23462

Title: COO () Delete
Name: EWING, TIMOTHY T
Address: 3537 KENTUCKY TRAIL
City-St-Zip: CHESAPEAKE, VA 23323

Title: D () Delete
Name: HOPKINS, KATHLEEN
Address: 452 SUBURBAN PKWY
City-St-Zip: NORFOLK, VA 23505

Title: P () Delete
Name: COBLE, FREDERICK C
Address: 3601 TRADING PLACE
City-St-Zip: VIRGINIA BEACH, VA 23452

Title: S () Delete
Name: MASON, JON D M.D.
Address: 1442 N VEAUX LOOP, EASTERN VA MEDICAL SCHO
City-St-Zip: NORFOLK, VA 23509

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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: TIMOTHY T. EWING

COO

02/27/2009

Electronic Signature of Signing Officer or Director

_____ Date