2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# F07000003864

Entity Name: PEACEMAKER ONE FOUNDATION, INC.

Current Principal Place of Business:

805 PETERS ST.
WILDWOOD, FL 34785

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 767
WILDWOOD, FL 34785

New Mailing Address:

FEI Number: 13-3901954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALEEM, SAMUEL
805 PETERS ST.
WILDWOOD, FL 34785 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: DPT ( ) Delete
Name: SALEEM, SAMUEL
Address: 805 PETERS ST.
City-St-Zip: WILDWOOD, FL 34785

Title: DS ( ) Delete
Name: KELLY, DANA
Address: 10300 SHORE FRONT PKWY
City-St-Zip: ROCKAWAY, NY 11294

Title: D ( ) Delete
Name: ROBINSON, HAROLD
Address: 700 LENOX AVE., APT. 19-A
City-St-Zip: NEW YORK, NY 10032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: SALEEM, SAMUEL
Address: 805 PETERS ST.
City-St-Zip: WILDWOOD, FL 34785 US

Title: DS (X) Change ( ) Addition
Name: KELLY, DANA
Address: 10300 SHORE FRONT PKWY
City-St-Zip: ROCKAWAY, NY 11294 US

Title: D (X) Change ( ) Addition
Name: ROBINSON, HAROLD
Address: 235 E. RAY ROAD
City-St-Zip: CHANDLER, AZ 85225 US

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: SAMUEL SALEEM DPT 02/27/2009

Electronic Signature of Signing Officer or Director — Date