F09000003471

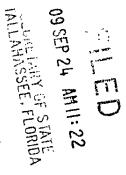
(Red	questor's Name)			
(Address)				
• (Address) -				
(City	//State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
Certified Copies	cument Number) Certificates			
Special Instructions to Filing Officer:				
		:		

Office Use Only



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09/24/09--01042--010 **52.50



Aff Amerding Off/dir Thereis 9-25-09

COVER LETTER

SUBJECT:	Don Wri	ght & Associates	, Inc.
DOCUMENT NUMBER		F09000034	471
The enclosed Affidavit by submitted for filing.	Foreign Corporation	n to Change/Add Off	icer(s) and/or Director(s) and fee are
Please return all correspon	ndence concerning thi	is matter to the follow	ring:
	on Wright		
Name of	Contact Person		
Don Wrig	ght & Associates		
	n/Company		
	Box 30608		
	Address		
	and, GA 31561		
City/Sta	nte and Zip Code		
	rightrcg@gmail.com		
E-mail address: (to be	used for future annual r	report notification)	
For further information co	oncerning this matter,	please call:	
Don Wrig	<u>at</u> at	t (<u>912</u>) Area Code & Daytimo	222-0133
Name of Contact	Person	Area Code & Daytime	e Telephone Number
Enclosed is a check made	payable to the Florid	a Department of State	for the following amount:
\$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status &
Mailing Address: Amendment Section Division of Corpo P.O. Box 6327 Tallahassee, FL 32	rations	Street Address: Amendment Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle

TO:

Amendment Section Division of Corporations





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

1.	The name of the foreign corporation as it appears of Don Wright &	on the records of the Florida Department of State is: Associates, Inc.				
2.		Florida on 8/31/09 and its Florida document				
3.	This corporation was formed under the laws of	Georgia				
4.	The name and address of each officer and/or direct	s of each officer and/or director is as follows:				
<u>Ti</u>	tle:	Name and Address				
President / CEO		Donald Evans Wright				
		119 Harrison Pointe Drive				
		St. Simons Island, GA 31522				
CFO		Hunter H. Wright				
		119 Harrison Pointe Drive				
		St. Simons Island, GA 31522				
Secretary		Melissa Roberts				
		119 Harrison Pointe Drive				
		St. Simons Island, GA 31522				
•						
`	(Attach additional pag	es if necessary)				
E	Mald Evanty The	President / CEO Title of person signing				

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to: Division of Corporations PO Box 6327 Tallahassee, FL 32314

CR2E127 (8/08)

Donald Evans Wright

Typed or printed name of person signing