2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# N00000000462

Entity Name: OUR BROTHERS'S KEEPER, INC.

Current Principal Place of Business:

1601 12TH STREET
SOUTH
ST. PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

1601 12TH STREET
SOUTH
ST. PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 59-3645140 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUDADA, KIAMBU
1065 16TH AVE. SOUTH
ST. PETERSBURG, FL 33705 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: P ( ) Delete
Name: YUSEF, ALI
Address: 1065 16TH AVE. SOUTH, APT #1
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: VP ( ) Delete
Name: MUDADA, KIAMBU
Address: 1065 16TH AVE. SOUTH, APT #2
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: T ( ) Delete
Name: MERKERSON, DAMETRIES
Address: 1726 NEWARD ST SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: S ( ) Delete
Name: ROGERS, GREGORY
Address: 1601 12TH ST SOUTH APT B
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: D ( ) Delete
Name: LATTIMER, CYNTHIA DR.
Address: 120 26TH STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: D ( ) Delete
Name: WHITE, DOROTHY
Address: 4056 13TH AVE. SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MUDADA, KIAMBU
Address: 1065 16TH AVE. SOUTH, APT #1
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: VP (X) Change ( ) Addition
Name: ALI, YUSEF
Address: 1065 16TH AVE. SOUTH, APT #2
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: T (X) Change ( ) Addition
Name: LEWIS, MICHAEL
Address: 865 17TH AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33711

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

SIGNATURE: KIAMBU MUDADA P 04/16/2008

Electronic Signature of Signing Officer or Director — Date