2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

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Entity Name: I'M COMMITTED, INC.

Current Principal Place of Business:

5125 FOXHALL DRIVE NORTH
WEST PALM BEACH, FL 334178144 US

New Principal Place of Business:

Current Mailing Address:

5125 FOXHALL DRIVE NORTH
WEST PALM BEACH, FL 334178144 US

New Mailing Address:

FEI Number: 65-1039041 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, MAURICE J
2995 BURGOYNE LANE
33409, FL 33410 US

Name and Address of New Registered Agent:

WILLIAMS, MAURECE J
10801 FOX BROWN ROAD
INDIANTOWN, FL 34956 US

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: MAURECE J. WILLIAMS 04/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WILLIAMS, MAURECE J
Address: 2995 BURGOYNE LANE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: AD ( ) Delete
Name: WILLIAMS, MARETHIA A
Address: 5125 FOXHALL DRIVE NORTH
City-St-Zip: WEST PALM BEACH, FL 33417

Title: S ( ) Delete
Name: WILLIAMS, MONICA Y
Address: 5125 FOXHALL DRIVE NORTH
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WILLIAMS, MAURECE J
Address: 10801 FOX BROWN ROAD
City-St-Zip: INDIANTOWN, FL 34956

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: MARETHIA A. WILLIAMS AD 04/29/2009
Electronic Signature of Signing Officer or Director Date