2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2008
Secretary of State

DOCUMENT# N00000007427

Entity Name: FAMILY RIDERS MOTORCYCLE ORGANIZATION INC.

Current Principal Place of Business:

12791 SW 187 TERRACE
MIAMI, FL 33177

New Principal Place of Business:

Current Mailing Address:

12791 SW 187 TERRACE
MIAMI, FL 33177

New Mailing Address:

FEI Number: 65-4044570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIBSON, WARREN A
12791 SW 187 TERRACE
MIAMI, FL 33177 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: PD ( ) Delete
Name: GIBSON, WARREN A
Address: 12791 SW 187 TERRACE
City-St-Zip: MIAMI, FL 33177

Title: S ( ) Delete
Name: WILLIAMS, SHERRY
Address: 12791 SW 187 TERRACE
City-St-Zip: MIAMI, FL 33177

Title: TD ( ) Delete
Name: GIBSON, GWEN
Address: 12791 SW 187 TERRACE
City-St-Zip: MIAMI, FL 33177

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: WHITE, ARLEAN
Address: 12791 SW 187 TERRACE
City-St-Zip: MIAMI, FL 33177

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

Title: VP ( ) Change (X) Addition
Name: BOYKIN, ELIGE
Address: 12791 SW 187 TERRACE
City-St-Zip: MIAMI, FL 33177

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: GWEN GIBSON TD 02/02/2008

Electronic Signature of Signing Officer or Director — Date