2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100000342

Entity Name: REACHING U NETWORK, INC.

FILED Apr 14, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

4920 N W 182 ST MIAMI, FL 33055

Current Mailing Address: New Mailing Address:

PO BOX 381961 MIAMI, FL 33238

FEI Number: 65-1074386 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GANT, SARAH A HANKERSON, ROBERT 4920 N W 182 ST 4920 N W 182 ST MIAMI, FL 33055 US MIAMI, FL 33055 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: ROBERT HANKERSON 04/14/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO () Delete Title: CEO (X) Change () Addition Name: HANKERSON, SARAH Name: GANT, SARA

Address: P.O. BOX 381961 Address: P.O. BOX 381961
City-St-Zip: MIAMI, FL 33238 City-St-Zip: MIAMI, FL 33238

Title: COO () Delete Title: D (X) Change () Addition Name: NKRUMAH, ALICE Name: EDWARDS, CHRISTOPHER Address: 64 ADAMS COURT Address: P.O. BOX 381961

City-St-Zip: BATTLESBORO, NC 27809 City-St-Zip: MIAMI, FL 33238

Title: VP () Delete Title: () Change () Addition

 Name:
 GANT, WILLIE
 Name:

 Address:
 4920 N W 182 ST
 Address:

 City-St-Zip:
 OPA LOCKA, FL 33055
 City-St-Zip:

Title: T () Delete Title: T (X) Change () Addition

 Name:
 EDWARDS, CHRISTOPHER
 Name:
 HANKERSON, JOI

 Address:
 P.O. BOX 381961
 Address:
 P.O. BOX 381961

 City-St-Zip:
 MIAMI, FL 33238
 City-St-Zip:
 MIAMI, FL 33238

Title: DIRE () Delete Title: () Change () Addition

 Name:
 HANKERSON, ROBERT JR
 Name:

 Address:
 P.O. BOX 381961
 Address:

 City-St-Zip:
 MIAMI, FL 33238
 City-St-Zip:

Title: SEC () Delete Title: SEC (X) Change () Addition

 Name:
 VINCENT, ALISHA
 Name:
 IRVIN, PAULA

 Address:
 P.O. BOX 381961
 Address:
 P.O. BOX 381961

 City-St-Zip:
 MIAMI, FL 33238
 City-St-Zip:
 MIAMI, FL 33238

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT HANKERSON DIR 04/14/2007