2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# N01000000342

Entity Name: REACHING U NETWORK, INC.

Current Principal Place of Business:

4920 N W 182 ST
MIAMI, FL 33055

New Principal Place of Business:

Current Mailing Address:

PO BOX 381961
MIAMI, FL 33238

New Mailing Address:

FEI Number: 65-1074386 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HANKERSON, ROBERT
4920 N W 182 ST
MIAMI, FL 33055 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: CEO ( ) Delete
Name: GANT, SARA
Address: P.O. BOX 381961
City-St-Zip: MIAMI, FL 33238

Title: D ( ) Delete
Name: EDWARDS, CHRISTOPHER
Address: P.O. BOX 381961
City-St-Zip: MIAMI, FL 33238

Title: VP ( ) Delete
Name: GANT, WILLIE
Address: 4920 N W 182 ST
City-St-Zip: OPA LOCKA, FL 33055

Title: T ( ) Delete
Name: HANKERSON, JOI
Address: P.O. BOX 381961
City-St-Zip: MIAMI, FL 33238

Title: DIRE ( ) Delete
Name: HANKERSON, ROBERT JR
Address: P.O. BOX 381961
City-St-Zip: MIAMI, FL 33238

Title: SEC ( ) Delete
Name: IRVIN, PAULA
Address: P.O. BOX 381961
City-St-Zip: MIAMI, FL 33238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CHRISTOPHER EDWARDS CE 05/02/2008

Electronic Signature of Signing Officer or Director — Date