

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005578

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** BURN SURVIVORS THROUGHOUT THE WORLD, INC.

**Current Principal Place of Business:**

2800 N 46TH AVENUE  
#A609  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

16193 LONE STAR RANCH DRIVE  
#102  
CONROE, TX 77302

**New Mailing Address:**

**FEI Number:** 94-3403785

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

APPLEMAN, MICHAEL  
2800 N 46TH AVENUE  
#A609  
HOLLYWOOD, FL 33021 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: PDT ( ) Delete  
Name: APPLEMAN, MICHAEL  
Address: 16193 LONE STAR RANCH DRIVE #102  
City-St-Zip: CONROE, TX 77302

Title: S ( ) Delete  
Name: NGUYEN, THIEN C  
Address: 16193 LONE STAR RANCH DRIVE #102  
City-St-Zip: CONROE, TX 77302

Title: VD ( ) Delete  
Name: NGUYEN, DIEU TRAN T  
Address: 16193 LONE STAR RANCH DRIVE #102  
City-St-Zip: CONROE, TX 77302

Title: D ( ) Delete  
Name: GONZALEZ, ARIEL  
Address: 16193 LONE STAR RANCH DRIVE #102  
City-St-Zip: CONROE, TX 77302

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SD (X) Change ( ) Addition  
Name: OLINGER, JULIE  
Address: 16193 LONE STAR RANCH DRIVE #102  
City-St-Zip: CONROE, TX 77302

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: MICHAEL APPLEMAN

P

04/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date