2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2008
Secretary of State

DOCUMENT# N01000008634

Entity Name: WARRIORS INTERNATIONAL NETWORK, INC.

Current Principal Place of Business:

5945 DEL LAGO CIRCLE
APT. 303, BLDG # 4
SUNRISE, FL 33313 US

New Principal Place of Business:

Current Mailing Address:

5945 DEL LAGO CIRCLE
APT. 303, BLDG., # 4
SUNRISE, FL 33313

New Mailing Address:

FEI Number: 04-3601331 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAWSON, ROBERT
8208 S. CORAL CIRCLE
N. LAUDERDALE, FL 33068 US

Name and Address of New Registered Agent:

LAWSON, ROBERT
5945 DEL LAGO CIRCLE
APT. # 303
SUNRISE, FL 33313 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: _____ 04/19/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	LAWSON, ROBERT	
Address:	8208 S. CORAL CIRCLE	
City-St-Zip:	N. LAUDERDALE, FL 33068 US	
Title:	DS	( ) Delete
Name:	LAWSON, SHIRLEY	
Address:	8208 S. CORAL CIRCLE	
City-St-Zip:	N. LAUDERDALE, FL 33068	
Title:	DT	( ) Delete
Name:	FULLER, JOAN	
Address:	4814 MODERN DRIVE	
City-St-Zip:	DELRAY BEACH, FL 33445	
Title:	D	( ) Delete
Name:	HYLTON, WORRELL	
Address:	3031 NW 7 ST	
City-St-Zip:	FT LAUDERDALE, FL 33311	
Title:	D	( ) Delete
Name:	LAWSON, PAUL	
Address:	302 BROOKDALE DRIVE	
City-St-Zip:	BLOOMINGDALE, IL 60108	
Title:	D	( ) Delete
Name:	FULLER, PAUL	
Address:	4814 MODERN DRIVE	
City-St-Zip:	DELRAY BEACH, FL 33445	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	DP	(X) Change ( ) Addition
Name:	LAWSON, ROBERT	
Address:	5945 DEL LAGO CIRCLE	
City-St-Zip:	SUNRISE, FL 33313 US	
Title:	DS	(X) Change ( ) Addition
Name:	LAWSON, SHIRLEY	
Address:	5945 DEL LAGO CIRCLE	
City-St-Zip:	SUNRISE, FL 33313	
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: ROBERT LAWSON DP 04/19/2008
Electronic Signature of Signing Officer or Director — Date