

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008634

FILED
May 31, 2009
Secretary of State

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:

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

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

LAWSON, ROBERT
5945 DEL LAGO CIRCLE
APT. # 303
SUNRISE, FL 33313 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: DP () Delete
Name: LAWSON, ROBERT
Address: 5945 DEL LAGO CIRCLE
City-St-Zip: SUNRISE, FL 33313 US

Title: DS () Delete
Name: LAWSON, SHIRLEY
Address: 5945 DEL LAGO CIRCLE
City-St-Zip: SUNRISE, FL 33313

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: () 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: ROBERT LAWSON

REV. _____

05/31/2009

Electronic Signature of Signing Officer or Director

Date