2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

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Entity Name: FRIENDS ALONG THE ROAD, INC.

Current Principal Place of Business:

781 RAINBOW DR.
G
SILVERTHORNE, CO 80498 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3003
SILVERTHORNE, CO 80498 US

New Mailing Address:

FEI Number: 13-4207135 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTELLO, JACQUELINE
13410-9 SUMMERLIN RD.
#102
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

MALARKEY, JOAN
863 PANGOLA DR.
NORTH FORT MYERS, FL 33903 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: JOAN MALARKEY 01/12/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PIERCE, DAVID D JR.
Address: 781 G RAINBOW DR
City-St-Zip: SILVERTHORNE, CO 80498 US

Title: ST ( ) Delete
Name: PIERCE, JUDITH A
Address: 781 G RAINBOW DR
City-St-Zip: SILVERTHORNE, CO 80498 US

Title: 1VP ( ) Delete
Name: BOCKSCH, SHAUNA
Address: 93 SISKIN LANE, P.O. BOX 893
City-St-Zip: FRISCO, CO 80443

Title: 2VP ( ) Delete
Name: DE VIVO, GIULIA
Address: VIA DELLA PACE, 50
City-St-Zip: NOVARA (NO), ITALY, OC I-28100

Title: 3VP ( ) Delete
Name: GRAHAM, J. CHRISTOPHER
Address: 8805 SW DILWORTH ROAD
City-St-Zip: VASHON, WA 98070

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: 4VP ( ) Change (X) Addition
Name: KAPLAN, SYDNEI
Address: 463 PEBBLE BEACH LANE
City-St-Zip: RIVERWOODS, IL 60015

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: DAVID D PIERCE JR. P 01/12/2009
Electronic Signature of Signing Officer or Director Date