2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N02000006973

Entity Name: SHACKLES BREAKING COMMUNITY DEVELOPMENT, INC.

Current Principal Place of Business:

1072 SAWYER ST
PENSACOLA, FL 32534

New Principal Place of Business:

Current Mailing Address:

1072 SAWYER ST
PENSACOLA, FL 32534

New Mailing Address:

FEI Number: 56-2292293 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, PAUL L
1072 SAWYER ST
PENSACOLA, FL 32534 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: PD ( ) Delete
Name: JONES, PAUL L
Address: 7961 HOBART AVE
City-St-Zip: PENSACOLA, FL 32534

Title: VD ( ) Delete
Name: JONES, SHARON D
Address: 7961 HOBART AVE
City-St-Zip: PENSACOLA, FL 32534

Title: D ( ) Delete
Name: BETTIS, CHRISTIAN J
Address: 7961 HOBART AVE
City-St-Zip: PENSACOLA, FL 32534

Title: TD ( ) Delete
Name: LEWIS, RENEE
Address: 3618 NORTH
City-St-Zip: PENSACOLA, FL 32505

Title: SD ( ) Delete
Name: GATSON, CHAMERE
Address: 1970 JOSHUA DR.
City-St-Zip: CANTONMENT, FL 32533

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:

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: PAUL L. JONES PD 04/21/2009
Electronic Signature of Signing Officer or Director — Date