2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N03000007679

Entity Name: COMMITTED TO A CURE, INC.

Current Principal Place of Business:

716 CHARMWOOD DRIVE
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

716 CHARMWOOD DRIVE
ST AUGUSTINE, FL 32086

New Mailing Address:

1093 A1A BEACH BLVD.
PMB 385
ST AUGUSTINE, FL 32080

FEI Number: 54-2130408 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADELFIO, LORI A
716 CHARMWOOD DRIVE
ST AUGUSTINE, FL 32086 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: T ( ) Delete
Name: ADELFIO, LORI A
Address: 716 CHARMWOOD DRIVE
City-St-Zip: ST AUGUSTINE, FL 32086

Title: T ( ) Delete
Name: DAVID, MAY
Address: 716 CHARMWOOD DRIVE
City-St-Zip: ST AUGUSTINE, FL 32086

Title: T ( ) Delete
Name: DAVID, JOHN
Address: 716 CHARMWOOD DRIVE
City-St-Zip: ST AUGUSTINE, FL 32086

Title: T ( ) Delete
Name: RESNICK, CHRISTINE
Address: 23 PELHAM ROAD
City-St-Zip: KENDALL PARK, NJ 08824

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:

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: LORI A ADELFIO T 01/20/2009

Electronic Signature of Signing Officer or Director — Date