2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N03000008321

Entity Name: FIRESTARTERS OF FLORIDA, INC.

Current Principal Place of Business:

3131 NE 11TH AVENUE
POMPANO BEACH, FL 33064

New Principal Place of Business:

3135 NW 18TH STREET
MIAMI, FL 33125

Current Mailing Address:

3131 NE 11TH AVENUE
POMPANO BEACH, FL 33064

New Mailing Address:

3135 NW 18TH STREET
MIAMI, FL 33125

FEI Number: 90-0116014 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERHOLM-WEST, KAREN
3131 NE 11TH AVENUE
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

ANDERHOLM-WEST, KAREN
3135 NW 18TH STREET
MIAMI, FL 33125 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: _____ 04/10/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ANDERHOLM-WEST, KAREN
Address: 3131 NE 11TH AVE NUE
City-St-Zip: POMPANO BEACH, FL 33064

Title: VPD ( ) Delete
Name: WEST, JAMES
Address: 3131 NE 11TH AVE NUE
City-St-Zip: POMPANO BEACH, FL 33064

Title: STD ( ) Delete
Name: CORDLE, SUNNY
Address: 230 GREY STONE RD
City-St-Zip: SHEFFIELD, ENGLAD, 3117BR

Title: D (X) Delete
Name: DURRANCE, CRAIG
Address: 7561 PIONEER RD
City-St-Zip: WEST PALM BEACH, FL 33413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ANDERHOLM-WEST, KAREN
Address: 3135 NW 18TH STREET
City-St-Zip: MIAMI, FL 33125

Title: VPD (X) Change ( ) Addition
Name: WEST, JAMES
Address: 811 33RD STREET
City-St-Zip: WEST PALM BEACH, FL 33407

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: KAREN ANDERHOLM-WEST PRES 04/10/2009
Electronic Signature of Signing Officer or Director — Date