2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2009
Secretary of State

DOCUMENT# N03000010200

Entity Name: MR. 2-BITS SCHOLARSHIP, INC.

Current Principal Place of Business:

17 NW 17TH STREET
GAINESVILLE, FL 32604

New Principal Place of Business:

Current Mailing Address:

PO BOX 13502
GAINESVILLE, FL 32604

New Mailing Address:

FEI Number: 20-1208944 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

KAUFMANN, KARL
17 NW 17TH STREET
GAINESVILLE, FL 32604 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: P ( ) Delete
Name: BLUMBERG, WENDE
Address: 1714 S.W. 34TH STREET
City-St-Zip: GAINESVILLE, FL 32607

Title: VP ( ) Delete
Name: KAUFMANN, KARL
Address: 7141 SW 34TH PLACE
City-St-Zip: GAINESVILLE, FL 32608

Title: SEC ( ) Delete
Name: MARDEN, TIMOTHY
Address: 17 NW 17TH STREET
City-St-Zip: GAINESVILLE, FL 32604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BLUMBERG, WENDE
Address: PO BOX 13502
City-St-Zip: GAINESVILLE, FL 32604

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change ( ) Addition
Name: MARDEN, TIMOTHY
Address: PO BOX 13502
City-St-Zip: GAINESVILLE, FL 32604

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: KARL KAUFMANN VP 08/17/2009

Electronic Signature of Signing Officer or Director — Date