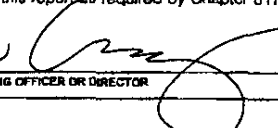


FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90001 032 ****61.25

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03000010256			
1. Entity Name GET MOVING AMERICA!, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1011 SINGER DR Suite, Apt. #, etc.		3. Mailing Address 1011 SINGER DR Suite, Apt. #, etc.	
City & State RIVIERA BCH, FL Zip 33404 Country USA		City & State RIVIERA BCH, FL Zip 33404 Country USA	
4. FEI Number 65-1092825		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name SHANNON CAKE			
Street Address (P.O. Box Number is Not Acceptable) 1011 SINGER DR			
City RIVIERA BCH		FL Zip Code 33404	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE SHANNON CAKE, V/S 		NOV. 25, 2003	
FEB 15 2004 Initial or Amend UBR		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		Make Check Payable to Florida Department of State	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T CAROLINE SAN JUAN 1401 DOUBLE EAGLE CIR BELLEVILLE, IL 62220	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S SHANNON CAKE 1011 SINGER DR RIVIERA BCH, FL 33404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: CAROLINE SAN JUAN 		NOV. 25, 2003 619-236-6582	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CP2E0375 (12/02)