2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002317

FILED Feb 28, 2009 Secretary of State

Entity Name: THE MEETS FOUNDATION INC.

Current Principal Place of Business:		New Principal Place of Business:		
	AINS COVE RD			
OX 915 IGLIS, F	L 34449 US			
urrent N	Mailing Addres	s:	New Mailing Address	s:
O BOX 9	315			
	L 34449 US			
≣l Numbei	r: 34-1983525	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
ame and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
5 CAPŤA	MARK L AINS COVE RD 'L 34449 US			
	e named entity s te of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both
the Stat	te of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both
the Stat	te of Florida. Î	submits this statement for the lices of Registered Ag		d office or registered agent, or both Date
the Stat	te of Florida. Î	ic Signature of Registered Ag	ent	
the Stat GNATU FFICER cle: ame: ldress:	te of Florida. IRE: Electron RS AND DIREC	ic Signature of Registered Ag FORS: Delete L COVE RD	ent	Date
FFICER cle: ame: ddress: ty-St-Zip: cle: ame: ddress:	te of Florida. IRE: Electron S AND DIREC D-P () MOORE, MARK 15 CAPTAINS C INGLIS, FL 344	ic Signature of Registered Ag FORS: Delete L COVE RD 149 US Delete E E COVE RD	ent ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO
the Stat	te of Florida. JRE: Electron S AND DIRECT D-P () MOORE, MARK 15 CAPTAINS C INGLIS, FL 344 D-VP () MOORE, LESLI 15 CAPTAINS C INGLIS, FL 344	ic Signature of Registered Ag FORS: Delete L COVE RD 149 US Delete E E COVE RD 149 US Delete 149 US Delete 160 M 0 ST	ent ADDITIONS/CHANGI Title: Name: Address: City-St-Zip: Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO () Change () Addition

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: MARK MOORE DP 02/28/2009