2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002757

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Apr 15, 2009 Secretary of State

Entity Name: SUITED FOR SUCCESS JACKSONVILLE, INC.

Current Principal Place of Business: New Principal Place of Business: 5732 NORMANDY BOULEVARD SUITE 10 JACKSONVILLE, FL 32205 **New Mailing Address: Current Mailing Address:** 11574 CORAL RIDGE AVENUE JACKSONVILLE, FL 32218 FEI Number: 16-1695191 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MONDY, SHARA J 11574 CORAL RIDGE AVENUE JACKSONVILLE, FL 32218 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MONDY, SHARA J MS. Name: Name: 11574 CORAL RIDGE AVENUE Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 US City-St-Zip: Title: () Delete Title: (X) Change () Addition REAVES, DONNA MISS Name: REAVES, DONNA MS Name: Address: 11005 S CHALLEUX DRIVE Address: 11005 S CHALLEUX DRIVE City-St-Zip: JACKSONVILLE, FL 32211 US City-St-Zip: JACKSONVILLE, FL 32211 US Title: () Delete Title: (X) Change () Addition ELLIOTT, LAURA MRS. HENDLEY, NATHANIEL MR Name: Name: 3098 SAN JOSE BLVD. 561 SPRING FOREST AVENUE Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 US City-St-Zip: JACKSONVILLE, FL 32216 US (X) Change () Addition Title: () Delete Title: RODRIGUEZ, ANA L MS Name: WILSON, VELVET C MS. Name: 3134 PURDOM DRIVE 5732 NORMANDY BLVD, SUITE 10 Address: Address: City-St-Zip: JACKSONVILLE, FL 32223 US City-St-Zip: JACKSONVILLE, FL 32205 US

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.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: SHARA J. MONDY PRES 04/15/2009

() Delete

() Delete

HOUSTON, RICHARD MR.

573 SERENADE CIRCLE E

TEATE, SUZANNE DR.

3751 MONTCLAIR DR.

JACKSONVILLE, FL 32225 US

JACKSONVILLE, FL 32217 US

(X) Change () Addition

(X) Change () Addition

SMALL, EARL L MR

TEATE, SUZANNE DR

3751 MONTCLAIR DR.

1448 SEAWOLF TRAIL NORTH

JACKSONVILLE, FL 32221 US

JACKSONVILLE, FL 32217 US