

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005667

FILED
Apr 25, 2009
Secretary of State

Entity Name: SMOKE FREE SOCIETY CORPORATION

Current Principal Place of Business:

1220 GULFSTREAM WAY
SUITE #2
SINGER ISLAND, FL 33404 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 33103
PALM BEACH GARDENS, FL 334203103 US

New Mailing Address:

FEI Number: 83-0397971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEYEDIN, LINDA M
1220 GULFSTREAM WAY
SINGER ISLAND, FL 33404 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: D () Delete
Name: SEYEDIN, REZ
Address: 1220 GULFSTREAM WAY
City-St-Zip: SINGER ISLAND, FL 33404 US

Title: D () Delete
Name: SEYEDIN, LINDA M
Address: 1220 GULFSTREAM WAY
City-St-Zip: SINGER ISLAND, FL 33404 US

Title: ST () Delete
Name: SEYEDIN, LINDA M
Address: 1220 GULFSTREAM WAY
City-St-Zip: SINGER ISLAND, FL 33404 US

Title: P () Delete
Name: SEYEDIN, REZ
Address: 1220 GULFSTREAM WAY
City-St-Zip: SINGER ISLAND, FL 33404 US

Title: CEO () Delete
Name: SEYEDIN, REZ
Address: 1220 GULFSTREAM WAY
City-St-Zip: SINGER ISLAND, FL 33404 US

Title: D () Delete
Name: CHOI, THOMAS T
Address: 4200 WARNER STREET
City-St-Zip: KENSINGTON, MD 20895 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: () Change () Addition
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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: LINDA SEYEDIN

ST

04/25/2009

Electronic Signature of Signing Officer or Director

Date