

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005890

FILED
Mar 26, 2009
Secretary of State

Entity Name: AMERICAN CATASTROPHIC ILLNESS ORG., INC.

Current Principal Place of Business:

820 N 24TH AVE #2
HOLLYWOOD, FL 33020

New Principal Place of Business:

820 N 24TH AVE
SUITE 2
HOLLYWOOD, FL 33020

Current Mailing Address:

820 N 24TH AVE #2
HOLLYWOOD, FL 33020

New Mailing Address:

820 N 24TH AVE
SUITE 2
HOLLYWOOD, FL 33020

FEI Number: 74-3238545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINGER, ANDREW
820 N 24TH AVE #2
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

SINGER, ANDREW
820 N 24TH AVE
SUITE 2
HOLLYWOOD, FL 33020 US

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: _____

03/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SINGER, ANDREW
Address: 820 N 24TH AVE #2
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ANDREW SINGER

CH

03/26/2009

Electronic Signature of Signing Officer or Director

Date