## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000010703

FILED Apr 24, 2008 Secretary of State

ne: OPERATIO	ON JUST GRATITUDE INC.			
incipal Place	of Business:	New Principal Place	of Business:	
Current Mailing Address:		New Mailing Address	:	
IMERPORT VII	LLAGE PARKWAY			
ERE, FL 3478	6 US			
59-3789628	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
RODRIGO AIR DRIVE DN, FL 33317	US			
named entity s of Florida.	ubmits this statement for the	ourpose of changing its registered	office or registered agent, or both,	
RE:				
Electroni	c Signature of Registered Ag	ent	Date	
AND DIRECT	ORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
P () PALOW, JAMES 5326 LEMON TV WINDERMERE,	VIST LANE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
PALOW, JAMES 5326 LEMON TV WINDERMERE,	: A VIST LANE FL 34786 US Delete D POND ROAD	Name: Address: City-St-Zip:		
	incipal Place ON TWIST LAN ERE, FL 3478  ailing Address  IMERPORT VI ERE, FL 3478  59-3789628  Address of Cl RODRIGO AIR DRIVE DN, FL 33317  named entity s of Florida.	incipal Place of Business:  ON TWIST LANE ERE, FL 34786 US  ailing Address:  IMERPORT VILLAGE PARKWAY ERE, FL 34786 US  59-3789628 FEI Number Applied For ( )  Address of Current Registered Agent:  RODRIGO AIR DRIVE DN, FL 33317 US  named entity submits this statement for the pof Florida.  RE:	incipal Place of Business:  New Principal Place of DN TWIST LANE ERE, FL 34786 US  Milling Address:  New Mailing Address:  New Maili	

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: JAMES PALOW P 04/24/2008