2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002529

Entity Name: COMMUNITY ACTION NETWORK, INC.

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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1908 LAKE ATRIUM CIRCLE UNIT 14 ORLANDO, FL 32839

New Mailing Address: Current Mailing Address:

1908 LAKE ATRIUM CIRCLE 1908 LAKE ATRIUM CIRCLE ORLANDO, FL 32839 UNIT 14 ORLANDO, FL 32839 US

FEI Number: 20-2262907 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:

SMITH, SADAT SMITH, SADAT 151 EAST MICHIGAN STREET 151 EAST WASHINGTON STREET ORLANDO, FL 32801 **UNIT 216** ORLANDO, FL 32801 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: SADAT SMITH 04/28/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES () Change () Addition () Delete LOWERY, MONIQUE A Name: Name:

Address: 1908 LAKE ATRIUM CIRCLE Address: City-St-Zip: ORLANDO, FL 32839 City-St-Zip:

Title: Title: () Change (X) Addition () Delete

Name: Name: SMITH, SADAT M

Address: Address: 151 EAST WASHINGTON STREET . UNIT 216

City-St-Zip: City-St-Zip: ORLANDO, FL 32801

Title: () Delete Title: () Change (X) Addition

COWAN, RONALD Name: Name: 2694 LAKE JACKSON CIRCLE Address: Address:

City-St-Zip: City-St-Zip: APOPKA, FL 32703

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: SADAT SMITH DR 04/28/2008