## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000004518

Entity Name: EXECUTIVE SINGLES, INC.

FILED Jan 17, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
694 UNIT C GEORGETOWN DRIVE CASSELBERRY, FL 32707				694 UNIT C GEORGETOWN DRIVE CASSELBERRY, FL 32765		
Current Mailing Address:				New Mailing Address:		
C/O JACK BLACK 5975 SHERYL ANITA STREET ORLANDO, FL 32765				5975 SHERYL ANITA ST 5975 SHERYL ANITA STREET OVIEDO, FL 32765		
FEI Number:	14-2326076	FEI Number Applied For ( )	FEI Nur	nber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
FOYER, KENT 604-UNIT C GEORGETOWN DRIVE CASSELBERRY, FL 32707 US				FOYER, KENT 5975 SHERYL ANITA ST OVIEDO, FL 32765 US		
The above in the State		submits this statement for the	purpose c	of changing its registered	d office or registered agent, or both,	
SIGNATURE:				01/17/2009		
	Electron	ic Signature of Registered Ag	jent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	FOYER, KENT	Delete ORGETOWN DRIVE 7, FL 32707		Title: Name: Address: City-St-Zip:	() Change () Addition	

CASSELBERRY, FL 32707 City-St-Zip:

Title: ( ) Delete

Name: BLACK, JACK

5975 SHERYL ANITA STREET Address:

City-St-Zip: ORLANDO, FL 32765

Title: () Delete DITTMER, DAN Name:

1655 E. E.WILLIAMSON DR Address: City-St-Zip: LONGWOOD, FL 32779

Title:

( ) Delete BALK, MARY 111 VA Name: 111 VALLEY CIR Address: LONGWOOD, FL 32779 City-St-Zip:

Title: () Change () Addition

Name: Address: City-St-Zip:

Title: (X) Change ( ) Addition

DITTMER, DAN Name:

1655 E. E.WILLIAMSON DR Address: LONGWOOD, FL 32769 City-St-Zip:

Title: (X) Change ( ) Addition

BALK, MARY Name: 111 VALLEY CIR Address: LONGWOOD, FL 32769 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: JACK R BLACK Τ 01/17/2009