2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005084

FILED Apr 24, 2009 Secretary of State

Entity Name: THE RILYA WILSON ADVOCACY PROJECT, INC.

Current Principal Place of Business: New Principal Place of Business:

1920 NW 56TH STREET 9801 NW 25TH AVE MIAMI, FL 33142 MIAMI, FL 33147

Current Mailing Address: New Mailing Address:

P O BOX 551894 9801 NW 25TH AVE CAROL CITY, FL 33055 MIAMI, FL 33147

FEI Number: 20-4825444 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:

 WILLIAMS, HELEN B
 WILLIAMS, HELEN B

 1920 NW 56TH ST
 9801 NW 25TH AVE

 MIAMI, FL 33142 US
 MIAMI, FL 33147 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: 04/24/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 WILLIAMS, HELEN B
 Name:
 WILLIAMS, HELEN B

 Address:
 1920 NW 56TH ST
 Address:
 9801 NW 25TH AVE

 City-St-Zip:
 MIAMI, FL 33142
 City-St-Zip:
 MIAMI, FL 33147

Title: D () Delete Title: D (X) Change () Addition Name: COLLINS, PATRICK E Name: COLLINS, PATRICK E

 Name
 Collino, FATRICE
 Name
 Collino, FATRICE

 Address:
 11761 SW 177 TERR
 Address:
 11831 SW 176 ST

 City-St-Zip:
 MIAMI, FL 33177
 City-St-Zip:
 MIAMI, FL 33177

Title: D () Delete Title: () Change () Addition

 Name:
 SANDS, SYLVIA
 Name:

 Address:
 981 S HILLCREST CT # 110
 Address:

 City-St-Zip:
 MIAMI, FL 33021
 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: HELEN B. WILLIAMS DIR 04/24/2009