2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N05000007027

Entity Name: EFFECTIVELY ASSISTING STRUGGLING EX-OFFENDERS GROUP, INC.

Current Principal Place of Business:

4465 TREEHOUSE LANE, #13 A
TAMARAC, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

4465 TREEHOUSE LANE, #13 A
TAMARAC, FL 33319 US

New Mailing Address:

FEI Number: 75-3197320 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BAILEY, AUDREY
3991 NW 33RD AVE
LAUDERDALE LAKES, FL 33309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ELLIOTT-BUTTS, ZACH J
Address: 4465 TREEHOUSE LANE, #13 A
City-St-Zip: TAMARAC, FL 33319

Title: D ( ) Delete
Name: DUNLOP, BRIAN K
Address: 4465 TREEHOUSE LANE, #13 A
City-St-Zip: TAMARAC, FL 33319 US

Title: TD ( ) Delete
Name: MC CLAIN, CORETTA
Address: 2820 S.W. 3RD STREET
City-St-Zip: FT. LAUDERDALE, FL 33319 US

Title: PD ( ) Delete
Name: ELLIOTT, SHAWNEEQUA
Address: 4465 TREEHOUSE LANE, #13 A
City-St-Zip: TAMARAC, FL 33319 US

Title: D ( ) Delete
Name: SCHLAM, MYLES B
Address: 4377 SW 10 PL #7
City-St-Zip: DEERFIELD BEACH, FL 33442 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SHAWNEEQUA ELLIOTT P 04/20/2009

Electronic Signature of Signing Officer or Director — Date