2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008586

Entity Name: ETM COMMUNITY OUTREACH, INC.

FILED Apr 30, 2007 Secretary of State

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

1723 17TH WAY 559 GAZETTA WAY

WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33413

Current Mailing Address: New Mailing Address:

1723 17TH WAY 559 GAZETTA WAY

WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33413

FEI Number: 32-0160103 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:

MOONEY, EDWINA
1723 17TH WAY
559 GAZETTA WAY

WEST PALM BEACH, FL 33407 US WEST PALM BEACH, FL 33413 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: EDWINA MOONEY 04/30/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 MOONEY, EDWINA
 Name:
 MOONEY, EDWINA

 Address:
 1723 17TH WAY
 Address:
 559 GAZETTA WAY

City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: WEST PALM BEACH, FL 33413

Title: VP () Delete Title: () Change () Addition Name: WEST, AVIS T Name:

 Name
 WEST, AVIST
 Name

 Address:
 4645 GROVE STREET
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33415
 City-St-Zip:

Title: SEC () Delete Title: SEC (X) Change () Addition Name: MOONEY, TAMMRA P Name: MOONEY, TAMMRA P

Address: 1723 17TH STREET Address: 559 GAZETTA WAY

City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: WEST PALM BEACH, FL 33413

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

 Name:
 ANDERS, MONIQUE C
 Name:
 ANDERS, MONIQUE C

 Address:
 1723 17TH WAY
 Address:
 559 GAZETTA WAY

City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: WEST PALM BEACH, FL 33413

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: EDWINA MONEY P 04/30/2007