2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009959

Entity Name: TREATS FOR SOLDIERS, INC.

FILED Jan 28, 2009 Secretary of State

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

619 N.E. 14TH AVE. 401 N.E. 14TH AVE.

APT. 301 APT. 804

HALLANDALE BEACH, FL 33009 HALLANDALE BEACH, FL 33009

Current Mailing Address: New Mailing Address:

619 N.E. 14TH AVE. 401 N.E. 14TH AVE.

APT. 301 APT. 804

HALLANDALE BEACH, FL 33009 HALLANDALE BEACH, FL 33009

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POOLE, CLAIRE POOLE, CLAIRE 619 N.E. 14TH AVE. 401 N.E. 14TH AVE.

APT. 301 APT. 804

HALLANDALE BEACH, FL 33009 US HALLANDALE BEACH, FL 33009 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: 01/28/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: POOLE, CLAIRE Name: POOLE, CLAIRE

 Address:
 619 N.E. 14TH AVE., APT. 301
 Address:
 401 N.E. 14TH AVE., APT. 804

 City-St-Zip:
 HALLANDALE BEACH, FL 33009
 City-St-Zip:
 HALLANDALE BEACH, FL 33009

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: CLAIRE POOLE PRES 01/28/2009