

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010338

FILED
Apr 19, 2009
Secretary of State

Entity Name: EXPOSING THE TRUTH, INC.

Current Principal Place of Business:

3791 NW 27TH COURT
LAUDERDALE LAKES, FL 33311

New Principal Place of Business:

Current Mailing Address:
P.O. BOX 1759
FT. LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 68-0625068 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, VERNELL
3791 NW 27TH COURT
LAUDERDALE LAKES, FL 33311 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: ROBINSON, VERNELL
Address: P.O. BOX 1759
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: V/P () Delete
Name: ROBINSON, PERRY
Address: 3791 NW 27TH COURT
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: O () Delete
Name: MITCHELL, LESLIE
Address: 7360 NW 36TH STREET
City-St-Zip: LAUDERHILL, FL 33319

Title: O () Delete
Name: DAVIS, NATARSHA
Address: 14031 OAKRIDGE DR.
City-St-Zip: DAVIE, FL 33325

Title: O () Delete
Name: GREEN, NOVEL
Address: 8150 W. MCNAB RD APT #121
City-St-Zip: TAMARAC, FL 33321

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: O () Change (X) Addition
Name: MOORE, LATASHER
Address: P.O. BOX 1759
City-St-Zip: FT. LAUDERDALE, FL 33311

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: VERNELL ROBINSON

D

04/19/2009

Electronic Signature of Signing Officer or Director

Date