2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# N06000000121

Entity Name: SMOKE FREE SOCIETY EDUCATION CORPORATION

Current Principal Place of Business:

1220 GULFSTREAM WAY
SINGER ISLAND, FL 33404 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 33103
PALM BEACH GARDENS, FL 334203103 US

New Mailing Address:

FEI Number: 59-3829641 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEYEDIN, LINDA
1220 GULFSTREAM WAY
SINGER ISLAND, FL 33404 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:	PD	( ) Delete
Name:	SEYEDIN, REZ	
Address:	1220 GULFSTREAM WAY	
City-St-Zip:	SINGER ISLAND, FL 33404 US	
Title:	D	( ) Delete
Name:	SEYEDIN, LINDA	
Address:	1220 GULFSTREAM WAY	
City-St-Zip:	SINGER ISLAND, FL 33404 US	
Title:	STD	( ) Delete
Name:	FITZGIBBONS, LANE	
Address:	431 NORTH PALM WAY	
City-St-Zip:	LAKE WORTH, FL 33460 US	
Title:	D	( ) Delete
Name:	ABRAMOWITZ, MICHAEL	
Address:	579 ANCHORAGE DRIVE	
City-St-Zip:	NORTH PALM BEACH, FL 33408 US	
Title:	D	( ) Delete
Name:	JIMENEZ, DANIEL	
Address:	226 LAKE DRIVE	
City-St-Zip:	ORLANDO, FL 32835 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	STD	(X) Change ( ) Addition
Name:	FITZGIBBONS, LANE	
Address:	P.O. BOX 33103	
City-St-Zip:	PALM BEACH GARDENS, FL 334203103 US	
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: LINDA SEYEDIN D 04/25/2009

Electronic Signature of Signing Officer or Director — Date