

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002620

FILED
Apr 30, 2009
Secretary of State

Entity Name: 3 DEGREES, INC.

Current Principal Place of Business:

2013 LIVE OAK BOULEVARD
SUITE E
SAINT CLOUD, FL 34771

New Principal Place of Business:

614 CONNECTICUT AVENUE
SAINT CLOUD, FL 34769

Current Mailing Address:

PO BOX 700278
ST CLOUD, FL 34770

New Mailing Address:

FEI Number: 20-4456026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAMER, CHARLES W
1411 EDGEWATER DRIVE STE 200
ORLANDO, FL 32804 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: EVANS, JOHN R
Address: 614 CONNECTICUT AVENUE
City-St-Zip: SAINT CLOUD, FL 34769

Title: D (X) Delete
Name: ANDRESS, JEFFREY A
Address: 3240 AURANITA ROAD
City-St-Zip: MIMMS, FL 32754

Title: D () Delete
Name: KUBIK, BRIAN S
Address: 10538 OAKVIEW POINT TERRACE
City-St-Zip: GOTH A, FL 34734

Title: D () Delete
Name: ALLEN, FREDRICK R
Address: PO BOX 700102
City-St-Zip: SAINT CLOUD, FL 34770

Title: D () Delete
Name: FAYNE, BERNARD
Address: 2013 LIVE OAK BLVD
City-St-Zip: SAINT CLOUD, FL 34771

Title: D () Delete
Name: HAIR, ALAN
Address: 4500 LAKE GEM CIRCLE
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: EVANS, JOHN R
Address: 614 CONNECTICUT AVENUE
City-St-Zip: SAINT CLOUD, FL 34769

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: JOHN R. EVANS

O

04/30/2009

Electronic Signature of Signing Officer or Director

Date