2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004871

Entity Name: FRESH START SUCCESS CENTER, INC.

FILED Aug 31, 2007 Secretary of State

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

5561 LAGOON DRIVE 20469 NW 9TH COURT FORT LAUDERDALE, FL 33312 MIAMI GARDENS, FL 33169

Current Mailing Address: New Mailing Address:

5561 LAGOON DRIVE 20469 NW 9TH COURT FORT LAUDERDALE, FL 33312 MIAMI GARDENS, FL 33169

FEI Number: 65-0821888 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

JONES, DEBORAH A
5561 LAGOON DRIVE
FORT LAUDERDALE, FL 33312 US
JONES, DEBORAH A
20469 NW 9TH COURT
MIAMI GARDENS, FL 33169 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: 08/31/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 JONES, DEBORAH A
 Name:
 JONES, DEBORAH A

 Address:
 5561 LAGOON DRIVE
 Address:
 20469 NW 9TH COURT

 City-St-Zip:
 FORT LAUDERDALE, FL 33312
 City-St-Zip:
 MIAMI GARDENS, FL 33169

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

 Name:
 REID, MARK S
 Name:
 REID, MARK S

 Address:
 5561 LAGOON DRIVE
 Address:
 20469 NW 9TH COURT

 City-St-Zip:
 FORT LAUDERDALE, FL 33312
 City-St-Zip:
 FORT LAUDERDALE, FL 33169

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: DEBORAH A. JONES P 08/31/2007