

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009306

FILED
Sep 10, 2008
Secretary of State

Entity Name: FAIRNESS FOR ALL FAMILIES, INC.

Current Principal Place of Business:

3150 5TH AVENUE NORTH
SUITE 325
ST. PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 13184
ST. PETERSBURG, FL 33733

New Mailing Address:

FEI Number: 20-5335726 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:

SMITH, NADINE
3150 5TH AVENUE NORTH
SUITE 325
ST. PETERSBURG, FL 33713 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, NADINE
Address: 3150 5TH AVENUE NORTH, SUITE 325
City-St-Zip: ST. PETERSBURG, FL 33713

Title: TREA () Delete
Name: COSTA, DAVID
Address: 3150 5TH AVENUE NORTH, SUITE 325
City-St-Zip: ST. PETERSBURG, FL 33713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DAVID COSTA

TREA

09/10/2008

Electronic Signature of Signing Officer or Director

Date