2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009495

FILED Mar 20, 2009 Secretary of State

Entity Name: SOUL TRIP UNITED FOUNDATION, INC.

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

8985 EASTERLING DR ORLANDO, FL 32819

Current Mailing Address: New Mailing Address:

PO BOX 1125 150 E ROBINSON ST. WINDERMERE, FL 34786 0RLANDO, FL 32801

FEI Number: 20-5705837 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ZIMMERMAN, EUGENE K
8985 EASTERLING DR
150 E ROBINSON ST. #2011
ORLANDO, FL 32819 US
ORLANDO, FL 32801 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: E K ZIMMERMAN 03/20/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 ZIMMERMAN, EUGENE K
 Name:
 ZIMMERMAN, EUGENE K

 Address:
 8985 EASTERLING DR
 Address:
 150 E ROBINSON ST. #2011

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:
 ORLANDO, FL 32801

Title: D () Delete Title: () Change () Addition

 Name:
 DINKINS, CHARLES L III
 Name:

 Address:
 2041 THUNDERBIRD TRAIL
 Address:

 City-St-Zip:
 MAITLAND, FL 32751
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 KHALSA, GUPREET J
 Name:

 Address:
 1325 YALE STREET
 Address:

 City-St-Zip:
 ORLANDO, FL 32804
 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: GUPREET KHALSA MR. 03/20/2009