2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009574

FILED Apr 28, 2009 Secretary of State

Entity Name: ACTION TODAY FOR BRIGHTER TOMORROWS INC

Current Principal Place of Business:		New Principal Place of Business:			
6310 PIEF	RCE ST				
APT B HOLLYW	OOD, FL 33024				
Current Mailing Address:		New Mailing Address:			
6310 PIEF APT B HOLLYW	RCE ST DOD, FL 33024				
FEI Number	: 20-5527663 FE	Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()
Name and	d Address of Curre	nt Registered Agent:	Name and	Address of	New Registered Agent:
WATTS, C 8964 STA DAVIE, FL	TE RD 84				
	e named entity subm e of Florida.	its this statement for the p	ourpose of changing i	its registered	office or registered agent, or bo
	e of Florida. RE:			its registered	office or registered agent, or bo
in the Stat	e of Florida. RE:	its this statement for the p gnature of Registered Age		its registered	office or registered agent, or bo
in the Stat SIGNATU	e of Florida. RE:	gnature of Registered Age	ent		
in the Stat SIGNATU OFFICER Title: Name: Address:	e of Florida. RE: Electronic Si	gnature of Registered Age S: e A	ent	IS/CHANGE	Date
in the Stat SIGNATU	e of Florida. RE: Electronic Signature S AND DIRECTOR PTD () Delette GALLERANI, TABITH, 6310 PIERCE ST AP	gnature of Registered Age S: e A T B B024	ent ADDITION Title: Name: Address:	NS/CHANGE	Date S TO OFFICERS AND DIRECT
in the Stat SIGNATU OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida. RE: Electronic Signature S AND DIRECTOR PTD () Delet GALLERANI, TABITH, 6310 PIERCE ST AP HOLLYWOOD, FL 33 VD () Delet FLOREZ, LEON 7301 GARFIELD ST	gnature of Registered Age S: e A T B B024 e CANAL 48	ent ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	NS/CHANGE	Date S TO OFFICERS AND DIRECT () Change () Addition () Change () Addition (X) Change () Addition NADA / RIVER CANAL 48

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: TABITHA GALLERANI PD 04/28/2009