## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N06000010346

Address:

City-St-Zip:

FILED May 22, 2009 Secretary of State

Entity Name: FRIENDLY FACES, INC. **Current Principal Place of Business: New Principal Place of Business:** 2634 51ST STREET EAST BRADENTON, FL 34208 **Current Mailing Address: New Mailing Address:** 2634 51ST STREET EAST BRADENTON, FL 34208 FEI Number: 20-5870059 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: WEAR, ADRIENNE 2634 51ST STREET EAST BRADENTON, FL 34208 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete WEAR, ADRIENNE Name: Name: Address: 2634 51ST STREET EAST Address: City-St-Zip: BRADENTON, FL 34208 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WEAR, SHAMUS Name: Address: 2634 51ST STREET EAST Address: City-St-Zip: BRADENTON, FL 34208 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition Name: NUNEZ, GEORGE Name: 845 MECCA DRIVE #C Address: Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34234 Title: () Delete Title: ( ) Change (X) Addition Name: Name: EDWARDS, MEGAN 1307 VERONA STREET Address: Address: City-St-Zip: City-St-Zip: KISSIMMEE, FL 34741 Title: () Delete Title: ( ) Change (X) Addition KELLER, KATHLEEN Name: Name: 10960 KEMPS ROAD

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.

Address:

City-St-Zip:

PRINCESS ANNE, MD 21853

SIGNATURE: ADRIENNE WEAR Ρ 05/22/2009