2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N06000010367

Entity Name: ANNABELLE'S FRIENDS, INC.

Current Principal Place of Business:

180 S RONALD REAGAN BLVD
LONGWOOD, FL 32750

New Principal Place of Business:

180 S RONALD REAGAN BLVD
SUITE 100
LONGWOOD, FL 32750

Current Mailing Address:

180 S RONALD REAGAN BLVD
LONGWOOD, FL 32750

New Mailing Address:

180 S RONALD REAGAN BLVD
SUITE 100
LONGWOOD, FL 32750

FEI Number: 51-0627404 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCCORD, PAULA S
180 S RONALD REAGAN BLVD
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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: D ( ) Delete
Name: MCCORD, PAULA S
Address: 202 BUTTONWOOD AVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete
Name: MCCORD, STACEY S
Address: 1505 CARLISLE DR
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete
Name: MCCORD, STEPHANIE S
Address: 1505 CARLISLE DR
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PAULA S. MCCORD D 04/29/2008
Electronic Signature of Signing Officer or Director — Date