2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000024

Entity Name: SISTUHS, INCORPORATED

FILED Sep 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1447 STONE RD 1303 OCALA RD #H60 217 TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32304 **Current Mailing Address: New Mailing Address:** 1447 STONE RD 1303 OCALA RD #H60 217 TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32304 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X) 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: WILLIFORD, TASHEIKA WILLIFORD, TASHEIKA 1447 STONÉ RD 1303 OCALÁ RD #H60 #217 TALLAHASSEE, FL 32303 US TALLAHASSEE, FL 32304 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: 09/14/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete PRINCE, CELICIA THOMAS, SHARRIE' Name: Name: 11007 WINGATE DR Address: 124B FAIRWAY TWO DRIVE Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: AMERICUS, GA 31709 Title: () Delete Title: (X) Change () Addition MARSHALL, BEKKAH Name: MITCHELL, LADESSA Name: Address: PO BOX 142402 Address: 4208 E EVA AVENUE City-St-Zip: GAINESVILLE, FL 32614 City-St-Zip: TAMPA, FL 33617 Title: () Delete Title: (X) Change () Addition JAMES, CRYSTAL Name: OLUSHOLA, JOYCE Name: 682 IVY STREET 1300 CROSSING PLACE #433 Address: Address: City-St-Zip: JACKSONVILLE, FL 32206 City-St-Zip: AUSTIN, TX 78741 (X) Change () Addition Title: () Delete Title: Name: ALSTON, JAZMYN Name: PETITFORT, ERFILIE 14421 AMERICANA CIRCLE UNIT 102 Address: 2109 LOYAL LANE #2 Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TAMPA, FL 33613 Title: (X) Delete Title: () Change () Addition OLUSHOLA, JOYCE Name: Name: 119 SUMAC STREET Address: Address: City-St-Zip: PHILADELPHIA, PA 19128 City-St-Zip: Title: (X) Delete Title: () Change () Addition WILLIFORD, SHEIKA Name: Name: Address: PO BOX 20816 Address: TALLAHASSEE, FL 32303 City-St-Zip: 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: SHEIKA WILLIFORD RA 09/14/2009