2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000172

Entity Name: THE BAND OF BROTHERS, U.S.A., INC.

FILED Mar 09, 2009 Secretary of State

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

395 SW DEGOUVEA TERRACE 1984 BILTMORE STREET PORT ST LUCIE, FL 34984 PORT ST LUCIE, FL 34952

Current Mailing Address: New Mailing Address:

395 SW DEGOUVEA TERRACE 501 SW BACON TERRACE PORT ST LUCIE, FL 34984 PORT ST LUCIE, FL 34953

FEI Number: 20-8181831 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:

CARTWRIGHT, DR. KENNETH

395 SW DEGOUVEA TERRACE
PORT ST LUCIE, FL 34984 US

GIRTMAN, PAUL
501 SW BACON TERRACE
PORT ST LUCIE, FL 34953 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: PAUL GIRTMAN 03/09/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: P () Delete Title: P (X) Change () Addition

Name: COURTWRIGHT, DR. KENNETH Name: GIRTMAN, PAUL
Address: 395 SW DEGOUVEA TERRACE Address: 501 SW BACON TERRACE

City-St-Zip: PORT ST LUCIE, FL 34984 City-St-Zip: PORT ST LUCIE, FL 34953

Title: V () Delete Title: VP (X) Change () Addition Name: GIRTMAN, PAUL Name: ADKINS, THOMAS

Address: 501 SW BACON TERRACE Address: 2515 SE GOWIN DRIVE
City-St-Zip: PORT ST LUCIE, FL 34953 City-St-Zip: PORT ST LUCIE, FL 34952

Title: S () Delete Title: SEC (X) Change () Addition Name: GORNEY, SANDRA Name: GORNEY, SANDRA

Address: 176 SE OSPREY RIDGE DR. Address: 176 SE OSPREY RIDGE DR. City-St-Zip: PORT ST LUCIE, FL 34984 City-St-Zip: PORT ST LUCIE, FL 34984

Title: T () Delete Title: TRES (X) Change () Addition

Name:ROTHENWANDER, DEBRAName:ROTHENWANDER, DEBRAAddress:549 NW SALINA TERRACEAddress:549 NW SALINA TERRACECity-St-Zip:PORT ST LUCIE, FL 34983City-St-Zip:PORT ST LUCIE, FL 34983

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: PAUL GIRTMAN P 03/09/2009