

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001980

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: BEYOND THE SPECTRUM, INC.

## Current Principal Place of Business:

7605 226TH STREET EAST  
BRADENTON, FL 34211

## New Principal Place of Business:

## Current Mailing Address:

7605 226TH STREET EAST  
BRADENTON, FL 34211

## New Mailing Address:

FEI Number: 20-8269622

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PALMER, BRIAN  
2937 BEE RIDGE RD.  
SUITE 2  
SARASOTA, FL 34239 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: P ( ) Delete  
Name: PEABODY, CATHERINE  
Address: 7605 226TH STREET EAST  
City-St-Zip: BRADENTON, FL 34211 US

Title: D ( ) Delete  
Name: PALMER, BRIAN  
Address: 2937 BEE RIDGE RD.  
City-St-Zip: SARASOTA, FL 34239 US

Title: D ( ) Delete  
Name: CARUSO, PEGGY  
Address: 7904 48TH PLACE EAST  
City-St-Zip: BRADENTON, FL 34203

Title: D ( ) Delete  
Name: DONNELLY, DONNA  
Address: 5218 PAYLOR LANE  
City-St-Zip: SARASOTA, FL 34240 US

## 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:

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: CATHERINE PEABODY

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date