2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N07000002197

Entity Name: DRUG ABUSE PREVENTION INC.

Current Principal Place of Business:

1517 SILVER RIDGE DRIVE
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

1517 SILVER RIDGE DRIVE
CANTONMENT, FL 32533

New Mailing Address:

FEI Number: 59-3825015 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PROCTOR, DAISY
1517 SILVER RIDGE DRIVE
CANTONMENT, FL 32533 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: DP ( ) Delete
Name: PROCTOR, DAISY
Address: 1517 SILVER RIDGE DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: DV ( ) Delete
Name: PROCTOR, ROBERT SR
Address: 1517 SILVER RIDGE DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: D ( ) Delete
Name: CALDWELL, LEROY J SR
Address: 16 MOHAWK TRL
City-St-Zip: PENSACOLA, FL 32506

Title: D ( ) Delete
Name: THOMPSON, KAY
Address: 7914 DEBORAH DR APT B
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete
Name: PROCTOR, ARMETTER
Address: 8455 JARMEN ST
City-St-Zip: PENSACOLA, FL 32534

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change ( ) Addition
Name: PROCTOR, ROBERT JR
Address: 1517 SILVER RIDGE DRIVE
City-St-Zip: CANTONMENT, FL 32533

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: D ( ) Change (X) Addition
Name: PROCTOR, VICTORIA
Address: 215 NORTH AVE. #3103
City-St-Zip: ATLANTA, GA 30308

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: VICTORIA PROCTOR D 04/22/2009

Electronic Signature of Signing Officer or Director — Date