2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N07000005376

Entity Name: FREE RX COMMUNITY AWARENESS PROJECT INC

Current Principal Place of Business:

18309 CAMSHIRE COURT
HUDSON, FL 34557

New Principal Place of Business:

Current Mailing Address:

18309 CAMSHIRE COURT
HUDSON, FL 34557

New Mailing Address:

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

TAX RECOVERY SERVICES, INC.
429 E SHERIDAN ST
DANIA BEACH, FL 33004 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: THOMPSON, NEIL
Address: 18309 CAMSHIRE COURT
City-St-Zip: HUDSON, FL 34557

Title: VP ( ) Delete
Name: FOX, PAUL MD
Address: 13701 SW 216 ST
City-St-Zip: MIAMI, FL 33170

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: ASHBY, CATHY
Address: 2421 MAPLEWOOD DRIVE
City-St-Zip: CHATTANOOGA, TN 37421

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: NEIL THOMPSON P 05/01/2008
Electronic Signature of Signing Officer or Director — Date