2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N07000005640

Entity Name: FULLY COMMITTED, INC.

Current Principal Place of Business:

115 NE 6TH AVENUE
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6033
GAINESVILLE, FL 32627

New Mailing Address:

FEI Number: 26-0430366 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, DEVERN Y
115 NE 6TH AVENUE
GAINESVILLE, FL 32601 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: D ( ) Delete
Name: DARLING, NATHANIEL
Address: 2715 NW 50TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete
Name: WASHINGTON, VINCENT
Address: 1515 NW 16TH AVENUE, APT. A
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete
Name: WASHINGTON, RASHAWNDA
Address: 1515 NW 16TH AVENUE, APT A
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete
Name: WILSON, DEVERN Y
Address: P.O. BOX 6033
City-St-Zip: GAINESVILLE, FL 32627

Title: D ( ) Delete
Name: GRANT, CORNELIA
Address: 2820 NW 18TH DRIVE
City-St-Zip: GAINESVILLE, FL 32609

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:

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: DEVERN Y. WILSON D 04/30/2009
Electronic Signature of Signing Officer or Director — Date