2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N07000005749

Entity Name: HARD KNOCKS FOUNDATION , INC

Current Principal Place of Business:

26725 SW 134 AVE
MIAMI, FL 33032

New Principal Place of Business:

Current Mailing Address:

26725 SW 134 AVE
MIAMI, FL 33032

New Mailing Address:

FEI Number: 26-0319907 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICHARDSON, JEFFERY L SR
12235 SW 215 TER
MIAMI, FL 33177 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: CEO ( ) Delete
Name: LESTER, DERRICK E
Address: 26725 SW 134 AVE
City-St-Zip: MIAMI,, FL 33032

Title: P ( ) Delete
Name: LESTER, CHRIS
Address: 10991 SW 222 TERR
City-St-Zip: MIAMI, FL 33170

Title: VP ( ) Delete
Name: HILL, C.A
Address: 250 SW 127 AVE
City-St-Zip: MIAMI, FL 33032

Title: TREA ( ) Delete
Name: GARY, JIMMY JR
Address: 221 E OSCEOLA ST
City-St-Zip: STUART, FL 34994

Title: SEC ( ) Delete
Name: RICHARDSON, JEFFERY L
Address: 12235 SW 215 TERR
City-St-Zip: MIAMI, FL 33177

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: DERRICK LESTER DL 04/28/2009

Electronic Signature of Signing Officer or Director — Date