

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2008 8:00 am**  
**Secretary of State**

08-11-2008 90122 029 \*\*\*\*61.25

<b>DOCUMENT # N07000006415</b> 1. Entity Name <b>C.P.R. TEENS, INC.</b>						
Principal Place of Business <b>755 38TH AVENUE SOUTH</b> <b>ST. PETERSBURG, FL 33705 US</b>			Mailing Address <b>P.O. BOX 35237</b> <b>ST. PETERSBURG, FL 33705 US</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		07252008 Chg-NP CR2E037 (12/06)		
Zip		Country		4. FEI Number <b>26-0430258</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
<b>GOMILLION, LASHAWN</b> <b>1299 54TH AVENUE SOUTH</b> <b>ST. PETERSBURG, FL 33705</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOMILLION, LASHAWN			NAME		
STREET ADDRESS	755 38TH AVENUE SOUTH			STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33705			CITY-ST-ZIP		
TITLE	VP,T <input type="checkbox"/> Delete			TITLE	VP,S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONROE, TWANNA			NAME	<b>Monroe, Twanna</b>	
STREET ADDRESS	755 38TH AVENUE SOUTH			STREET ADDRESS	<b>755 38th Ave S</b>	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705			CITY-ST-ZIP	<b>St. Pete, FL 33705</b>	
TITLE	VP,S <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	EVANS, FELICIA			NAME	<b>Aguil, Thambi</b>	
STREET ADDRESS	755 38TH AVENUE SOUTH			STREET ADDRESS	<b>4301 E Regnas Ave</b>	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705			CITY-ST-ZIP	<b>Tampa, FL 33617</b>	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report for supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
<b>SIGNATURE:</b> <i>Lashawn G. Million</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>7-28-08</b> <small>Date</small>		
				<small>Daytime Phone #</small>		