

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007139

FILED  
Jun 17, 2010  
Secretary of State

**Entity Name:** ORDER MY STEPS CORP.

**Current Principal Place of Business:**

2224 NW 8ST.  
SUITE #001  
FORT LAUDERDALE, FL 33311 US

**New Principal Place of Business:**

**Current Mailing Address:**

1312 NW 12 STREET  
FORT LAUDERDALE, FL 33311 US

**New Mailing Address:**

**FEI Number:** 26-0562244      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COPELAND, SHALONDA L  
2224 NW 8ST.  
SUITE #001  
FORT LAUDERDALE, FL 33311 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  
**Name:** COPELAND, SHALONDA L  
**Address:** 2224 NW 8ST.  
**City-St-Zip:** FORT LAUDERDALE, FL 33311 US

**Title:** VP  
**Name:** MILLS, ANTHONY TYRON  
**Address:** 2224 NW 8TH STREET  
**City-St-Zip:** FT. LAUDERDALE, FL 33311 US

**Title:** DIR  
**Name:** MARGIE FRANCIS, MS,ARNP,BC  
**Address:** 6740 N.W.45 COURT  
**City-St-Zip:** LAUDERHILL, FL 33319

**Title:** DIR  
**Name:** DEVON R. HARRINGTON, LCSW  
**Address:** 269 N.W. 7TH AVENUE UNIT 118  
**City-St-Zip:** MIAMI, FL 33136

**Title:** DIR  
**Name:** ARDRENIA COLLINS SMITH  
**Address:** 1209 S. W. MEDINA AVENUE  
**City-St-Zip:** PORT ST.LUCIE, FL 34953

**Title:** DIR  
**Name:** CLIFFORD WALKER  
**Address:** 632 S.W. 8TH AVENUE  
**City-St-Zip:** FORT LAUDERDALE, FL 33315

I hereby 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 all other like empowered.

**SIGNATURE:** SHALONDA L. COPELAND

CEO

06/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date