2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2009
Secretary of State

DOCUMENT# N07000008579

Entity Name: COMMUNITY CONNECTIONS FOR LIFE, INC.

Current Principal Place of Business:

30 NW 189 TERRACE
MIAMI GARDENS, FL 33169

New Principal Place of Business:

Current Mailing Address:

30 NW 189 TERRACE
MIAMI GARDENS, FL 33169

New Mailing Address:

FEI Number: 26-0702100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

ROBINSON, TONYA
30 NW 189 TERRACE
MIAMI GARDENS, FL 33169 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: PD ( ) Delete
Name: ROBINSON, TONYA
Address: 30 NW 189 TERRACE
City-St-Zip: MIAMI GARDENS, FL 33169

Title: VD ( ) Delete
Name: HORNE, CHAUNTE'
Address: 2110 NW 178 STREET
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D ( ) Delete
Name: BEAUFORT, AUDERY H
Address: 3540 NW 196 LANE
City-St-Zip: MIAMI GARDENS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ROBINSON, TONYA
Address: 30 NW 189 TERRACE
City-St-Zip: MIAMI GARDENS, FL 33169 US

Title: VD (X) Change ( ) Addition
Name: HORNE, CHAUNTE'
Address: 2110 NW 178 STREET
City-St-Zip: MIAMI GARDENS, FL 33056 US

Title: D (X) Change ( ) Addition
Name: BEAUFORT, AUDERY H
Address: 3540 NW 196 LANE
City-St-Zip: MIAMI GARDENS, FL 33056 US

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: TONYA ROBINSON PD 08/31/2009

Electronic Signature of Signing Officer or Director — Date