## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000009143

FILED Feb 17, 2009 Secretary of State

Entity Name: THE RADIANT PEACE FOUNDATION INTERNATIONAL, INC.

**Current Principal Place of Business: New Principal Place of Business:** 5601 CENTRAL AVENUE ST PETERSBURG, FL 33710 **Current Mailing Address: New Mailing Address:** PO BOX 40822 ST PETERSBURG, FL 33743 FEI Number: 56-2676430 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHAY, SHOSHANA 5601 CENTRAL AVE ST PETERSBURG, FL 33710 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HEALY, ANN Name: Name: P.O. BOX 47795 Address: Address: City-St-Zip: ST. PETERSBURG, FL 33743 City-St-Zip: Title: () Delete Title: () Change () Addition RAY, BARBARA DR. Name: Name: Address: P.O. BOX 86005 Address: City-St-Zip: ST. PETERSBURG, FL 33738 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition SIERRA, CRYSTAL SIERRA, CRYSTAL Name: Name: 10825 71ST AVE. N. Address: Address: 10825 71ST AVE. N. City-St-Zip: SEMINOLE, FL 33772 City-St-Zip: SEMINOLE, FL 33772 Title: () Delete Title: () Change () Addition Name: LENEL, KATHERINE Name: 7600 RIDGE ROAD, #203C Address: Address: City-St-Zip: SEMINOLE, FL 33772 City-St-Zip: Title: () Delete Title: () Change () Addition SHAY, SHOSHANA Name: Name: 5601 CENTRAL AVE., 2ND FLOOR Address: Address: City-St-Zip: ST. PETERSBURG, FL 33710 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition REICH, KATIE Name: Name: Address: Address: 5110 STEWART PARC DRIVE NORTHPORT, AL 35473 City-St-Zip: 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: SHOSHANA SHAY T 02/17/2009