2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009921

Entity Name: WAKE-UP, MENTORING, INC.

FILED Aug 27, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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DR. JAMES R. SMITH CENTER 1723 BRUTON BLVD. ORLANDO, FL 32805

Current Mailing Address: New Mailing Address:

PO BOX 550116 PO BOX 550116

ORLANDO, FL 32805 ORLANDO, FL 32855 US

FEI Number: 56-2675531 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: Name and Address of New Registered Agent:

JOHNSON, DNTE JOHNSON, DANTE 1878 AARON AVE. 1878 AARON AVE.

ORLANDO, FL 32811 US ORLANDO, FL 32811 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: DANTE JOHNSON 08/27/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: D (X) Change () Addition

 Name:
 JOHNSON, DANTE
 Name:
 JOHNSON, DANTE

 Address:
 P.O. BOX 550116
 Address:
 P.O. BOX 550116

 City-St-Zip:
 ORLANDO, FL 32805
 City-St-Zip:
 ORLANDO, FL 32855

Address: P.O. BOX 550116 Address: P.O. BOX 550116
City-St-Zip: ORLANDO, FL 32805 City-St-Zip: ORLANDO, FL 32855

Title: D () Delete Title: O (X) Change () Addition
Name: LEE, CYNTHIA M Name: BRINSON, LARRY

 Name:
 LEE, CYNTHIA M
 Name:
 BRINSON, LARRY

 Address:
 967 S. KIRKMAN ROAD #75
 Address:
 5673 ALTEC COURT

 City-St-Zip:
 ORLANDO, FL 32811
 City-St-Zip:
 ORLANDO, FL 32818

 Title:
 D
 () Delete
 Title:
 O
 (X) Change () Addition

 Name:
 TURNER, SUHDEENA
 Name:
 SCOTT, RODERICK

 Address:
 5481 TIMBERLEAF BLVD. #1208
 Address:
 7724 COVEDALE DR

 City-St-Zip:
 ORLANDO, FL 32811
 City-St-Zip:
 ORLANDO, FL 32818

Title: D () Delete Title: O (X) Change () Addition

 Name:
 CARR,, JAY
 Name:
 CARR,, JAY

 Address:
 P.O. BOX 61214
 Address:
 P.O. BOX 61214

 City-St-Zip:
 OCOEE, FL 32861
 City-St-Zip:
 OCOEE, FL 32861

Title: D (X) Delete Title: () Change () Addition

 Name:
 DALY, KEITH
 Name:

 Address:
 P.O. BOX 364
 Address:

 City-St-Zip:
 GOTHA, FL 347340364
 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: DANTE JOHNSON D 08/27/2008