

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009921

FILED
Mar 20, 2009
Secretary of State

Entity Name: WAKE-UP, MENTORING, INC.

Current Principal Place of Business:

DR. JAMES R. SMITH CENTER
1723 BRUTON BLVD.
ORLANDO, FL 32805

New Principal Place of Business:

823 WEST CENTRAL BLVD
60
ORLANDO, FL 32805

Current Mailing Address:

PO BOX 550116
ORLANDO, FL 32855 US

New Mailing Address:

FEI Number: 56-2675531 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, DANTE
1878 AARON AVE.
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

GAYLE, GEORGIAN
823 WEST CENTRAL BLVD
60
ORLANDO, FL 32805 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: GEORGIAN GAYLE

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHNSON, DANTE
Address: P.O. BOX 550116
City-St-Zip: ORLANDO, FL 32855

Title: D () Delete
Name: ROZIER, ANTHONY
Address: P.O. BOX 550116
City-St-Zip: ORLANDO, FL 32855

Title: O () Delete
Name: BRINSON, LARRY
Address: 5673 ALTEC COURT
City-St-Zip: ORLANDO, FL 32818

Title: O (X) Delete
Name: SCOTT, RODERICK
Address: 7724 COVEDALE DR
City-St-Zip: ORLANDO, FL 32818

Title: O (X) Delete
Name: CARR,, JAY
Address: P.O. BOX 61214
City-St-Zip: OCOEE, FL 32861

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JOHNSON, DANTE
Address: P.O. BOX 550116
City-St-Zip: ORLANDO, FL 32855

Title: VP (X) Change () Addition
Name: ROZIER, ANTHONY
Address: P.O. BOX 550116
City-St-Zip: ORLANDO, FL 32855

Title: ED (X) Change () Addition
Name: GAYLE, GEORGIAN
Address: P.O. BOX 550116
City-St-Zip: ORLANDO, FL 32855

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: GEORGIAN GAYLE

ED

03/20/2009

Electronic Signature of Signing Officer or Director

Date