2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010922

FILED Jan 20, 2009 Secretary of State

Entity Name: JUST ONE MORE DAY FOR LOVE, HOPE & A CURE, INC.

| | Current Principal Place of Business: | | | New Principal Place of Business: | | |
|--|---|--|--|---|--|--|
| 1853 SUR VIERA, FL | REY COURT 32955 | | | | | |
| Current Mailing Address: | | | New Mailing Address: | | | |
| 1853 SUR VIERA, FL | REY COURT 32955 | | | | | |
| FEI Number: | : 26-1950856 | FEI Number Applied For () FEI N | Number Not App | licable () Certificate of Status Desired (X) | | |
| Name and | Address of C | Current Registered Agent: | Name and | Address of New Registered Agent: | | |
| JUST OŃE 1853 SUR | CHRISTINE V E MORE DAY REY COURT . 32955 US | | | | | |
| | named entity : e of Florida. | submits this statement for the purpose | e of changing i | ts registered office or registered agent, or both, | | |
| SIGNATU | | | | | | |
| | Electror | ic Signature of Registered Agent | | Date | | |
| OFFICER | S AND DIREC | TORS: | ADDITION | IS/CHANGES TO OFFICERS AND DIRECTORS | | |
| Title: Name: Address: City-St-Zip: | D () MARTIN, CHRI 1853 SURREY VIERA, FL 329 | COURT | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| | | | | | | |
| Title: Name: Address: City-St-Zip: | D () ROGERS, KATI P.O. BOX 205 LOCHLOSSA, I | | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| Name: Address: City-St-Zip: Fitle: Name: Address: | ROGERS, KAT P.O. BOX 205 LOCHLOSSA, I | HLEEN FL 32662 Delete HARD P RIVE | Name: Address: | () Change () Addition () Change () Addition | | |
| Name: Address: | ROGERS, KATI P.O. BOX 205 LOCHLOSSA, I D () ROGERS, RICH 3451 GATLIN E VIERA, FL 329 | HLEEN FL 32662 Delete HARD P RIVE | Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: | | | |
| Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: | ROGERS, KATI P.O. BOX 205 LOCHLOSSA, I D () ROGERS, RICH 3451 GATLIN E VIERA, FL 329 | HLEEN FL 32662 Delete HARD P PRIVE 55 | Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: | () Change () Addition D () Change (X) Addition SMITH, SANDY 1376 EAST ROUND LAKE ROAD | | |

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: CHRISTINE MARTIN D 01/20/2009