2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 24, 2009
Secretary of State

DOCUMENT# N07000011112

Entity Name: BROTHERHOOD RIDE,INC.

Current Principal Place of Business:

2165 MALIBU LAKES CIRCLE
#1628
NAPLES, FL 34119

New Principal Place of Business:

4559 SANTIAGO LN
BONITA SPRINGS, FL 34134

Current Mailing Address:

P.O. BOX 110862
NAPLES, FL 34108

New Mailing Address:

FEI Number: 33-1187088 **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:

MORSE, JEFF
4559 SANTIAGO LANE
BONITA SPRINGS, FL 34134 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:	P	( ) Delete
Name:	MORSE, JEFF	
Address:	4559 SANTIAGO LANE	
City-St-Zip:	BONITA SPRINGS, FL 34134	
Title:	VP	( ) Delete
Name:	MCDONALD, DAN	
Address:	8082 TAUREN COURT	
City-St-Zip:	NAPLES, FL 34119	
Title:	SEC	( ) Delete
Name:	MORSE, CANDY	
Address:	4559 SANTIAGO LANE	
City-St-Zip:	BONITA SPRINGS, FL 34134	
Title:	TRES	( ) Delete
Name:	STROMDAHL, SHAWN	
Address:	2165 MALIBU LAKES CIRCLE #1628	
City-St-Zip:	NAPLES, FL 34119	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JEFF MORSE P 09/24/2009

Electronic Signature of Signing Officer or Director — Date