2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000069

Entity Name: TLC MOBILITY FOUNDATION, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

20423 S.R. 7 SUITE 309

BOCA RATON, FL 33498

Current Mailing Address: New Mailing Address:

20423 S.R. 7 SUITE 309

BOCA RATON, FL 33498

FEI Number: 26-1432375 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:

HAMILTON-JOHNSON, LISA 22164 SW 65TH TERRACE BOCA RATON, FL 33428 US

SUITE 309 BOCA RATON, FL 33498 US

HAMILTON-JOHNSON, LISA

20423 STATE ROAD 7

BOCA RATON, FL 33498 U

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: 04/28/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

 Title:
 P
 () Delete

 Name:
 HAMILTON-JOHNSON, LISA

 Address:
 22164 SW 65TH TERRACE

 City-St-Zip:
 BOCA RATON, FL 33428

 Title:
 T
 () Delete

 Name:
 KELLY, LAVORIS

 Address:
 PO BOX 120104

City-St-Zip: FORT LAUDERDALE, FL 33312

Title: S (X) Delete
Name: CLOUGH, FAITH

Address: 2033 W MCDERMOTT DRIVE

City-St-Zip: ALLEN, TX 75013

Title: TS (X) Change () Addition Name: KELLY, LAVORIS

HAMILTON-JOHNSON, LISA

BOCA RATON, FL 33498

20423 STATE ROAD 7, SUITE 309

Name: KELLY, LAVORIS Address: PO BOX 120104

City-St-Zip: FORT LAUDERDALE, FL 33312

Title: () Change () Addition

Name: Address: City-St-Zip:

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: LISA HAMILTON-JOHNSON DP 04/28/2009