2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000421

Entity Name: JOBS FOR EX-FELONS, INC.

FILED Jaņ 3<u>0, 2</u>009 Secretary of State

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

7812 RIVER RESORT LANE 5536 PEACH AVE

APT. A SEFFNER, FL 33584 US TAMPA, FL 33617

New Mailing Address: Current Mailing Address:

7812 RIVER RESORT LANE 5536 PEACH AVE

APT. A SEFFNER, FL 33584 US TAMPA, FL 33617 US

FEI Number: 26-1750056 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

RCDAVIS LAW GROUP, P.L. ADAMS, GERRY R P 5536 PÉACH AVE 8301 MILLWOOD DRIVÉ SEFFNER, FL 33584 US TAMPA, FL 33615

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: GERRY R ADAMS 01/30/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

THOMAS, T. NOAH THOMAS, T. NOAH Name: Name: 7812 RIVER RESORT LANE, APT. A Address: 7812 RIVER RESORT LANE, APT. A Address:

City-St-Zip: TAMPA, FL 33617 US City-St-Zip: TAMPA, FL 33617 US

Title: () Delete Title: (X) Change () Addition ADAMS, GERRY R Name: ADAMS, GERRY R Name:

Address: 5636 PEACH AVE. Address: 5636 PEACH AVE City-St-Zip: SEFFNER, FL 33584 US City-St-Zip: SEFFNER, FL 33584 US

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

LUCAS, LATONIA Name: Name: 4117 NORTH HAMPTON DRIVE Address: Address: City-St-Zip: WINSTON SALEM, NC 27107 US City-St-Zip:

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

Name: BLASH, PASSION Name: ROSS, JOSEPH 4609 SNOOK DRIVE Address: Address: 5536 PEACH AVE City-St-Zip: TAMPA, FL 33617 US City-St-Zip: SEFFNER, FL 33584 US

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: GERRY R ADAMS Ρ 01/30/2009