2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001106

FILED Mar 09, 2009 Secretary of State

Entity Name: BAGS ACROSS THE GLOBE FOR STUDENTS, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	BRANCH CIRCLE SPRINGS, FL 32708	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
637 PINEI	BRANCH CIRCLE				
WINTER	SPRINGS, FL 32708	US			
FEI Numbe	r: 11-3836614 FEI	Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Currer	nt Registered Agent:	Name and Address of	of New Registered Agent:	
637 PINEI	T, PAUL B III BRANCH CIRCLE SPRINGS, FL 32708	US			
	e named entity submi te of Florida.	ts this statement for the pu	rpose of changing its registere	d office or registered agent, or both,	
SIGNATU	JRE:				
	Electronic Sig	nature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PRES () Delete STEWART, PAUL B III 637 PINEBRANCH CIRCLE WINTER SPRINGS, FL 32708		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete RODRIGUEZ-KINO, DIANE 721 CLIFF DRIVE SANTA BARBARA, CA 93109 US		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AVP () Delete GRUBER, GWENDOLYN 8595 HOON DRIVE, APT B ATHENS, OH 45701		Title: Name: Address: City-St-Zip:	() Change () Addition	
	DIR () Delete WEBSTER, NICOLE S 317 THORNDALE ROAD PORT MATILDA, PA 16870 US		T:41	() Change () Addition	
Title: Name: Address: City-St-Zip:	WEBSTER, NICOLE S 317 THORNDALE ROA	: AD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: Address:	WEBSTER, NICOLE S 317 THORNDALE ROA PORT MATILDA, PA 1 DIR () Delete KYLES, CARLI	AD 6870 US : :OMMERCE BLDG. C-430S	Name: Address:	() Change () Addition	

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: PAUL B. STEWART III PRES 03/09/2009