2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003584

Apr 28, 2009 Secretary of State

Entity Name: PINELLAS RE-ENTRY NETWORK, INC.

Current Principal Place of Business: New Principal Place of Business: 1160 PERSIMMON DR PALM HARBOR, FL 34683 **Current Mailing Address: New Mailing Address:** PO BOX 154 PALM HARBOR, FL 346820154 FEI Number: 26-2436119 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COHRS, DENIS A 2575 ULMERTON RD SUITE 310 CLEARWATER, FL 33762 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition PEAK, ROBERT L JR LENNOX, IAN H Name: Name: 2321 HARTFORD ST S Address: 1405 BAY PINE BLVD Address: City-St-Zip: ST PETERSBURG, FL 33711 City-St-Zip: INDIAN ROCKS BEACH, FL 33711 Title: () Delete Title: () Change () Addition HUNTINGTON, DAN Name: Name: Address: 801 SEMINOLE BLVD Address: City-St-Zip: LARGO, FL 33755 City-St-Zip: Title: DS () Delete Title: () Change () Addition COLE, TIM Name: Name: 555 61ST STREET S Address: Address: City-St-Zip: ST PETERSBURG, FL 33707 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: WARD, LINDA Name: SCHLUDERBERG, HERBERT H Address: 555 61ST STREET S Address: 1160 PERSIMMON DR City-St-Zip: ST PETERSBURG, FL 33707 City-St-Zip: PALM HARBOR, FL 34683 Title: () Delete Title: () Change () Addition D'AMICO, BOB Name: Name: 8900 US HWY 19 N Address: Address: City-St-Zip: PINELLAS PARK, FL 33782 City-St-Zip: Title: () Delete Title: () Change () Addition CALBERG, KERM Name: Name: Address: 6000 38TH AVE N Address: ST PETERSBURG, FL 33710 City-St-Zip: 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: HERBERT H SCHLUDERBERG D 04/28/2009