

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003704

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: AUTHENTIC EXPOSURE INC.

## Current Principal Place of Business:

15 SPARROW PATH  
CRAWFORDVILLE, FL 32327

## New Principal Place of Business:

## Current Mailing Address:

15 SPARROW PATH  
CRAWFORDVILLE, FL 32327

## New Mailing Address:

FEI Number: 37-1564595

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLACK, APRIL S  
15 SPARROW PATH  
CRAWFORDVILLE, FL 32327 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: BLACK, APRIL S  
Address: 15 SPARROW PATH  
City-St-Zip: CRAWFORDVILLE, FL 32327 WA

Title: V ( ) Delete  
Name: BLACK, JASON T  
Address: 15 SPARROW PATH  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T ( ) Delete  
Name: BLACK, APRIL S  
Address: 15 SPARROW PATH  
City-St-Zip: CRAWFORDVILLE, FL 32327 WA

Title: S ( ) Delete  
Name: BLACK, JASON T  
Address: 15 SPARROW PATH  
City-St-Zip: CRAWFORDVILLE, FL 32327 WA

Title: O ( ) Delete  
Name: SCHELL, LINDA D  
Address: 9727 SAPPINGTON AVE.  
City-St-Zip: JACKSONVILLE, FL 32218 DU

Title: O ( ) Delete  
Name: LEE, ERIC  
Address: 1824 PROSPECT ST.  
City-St-Zip: JACKSONVILLE, FL 32218 DU

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: PARRAMORE, JACKIE  
Address: 3423 NORTH RIDGE ROAD  
City-St-Zip: TALLAHASSEE, FL 32305 LE

Title: O (X) Change ( ) Addition  
Name: POTTER, MONIQUE  
Address: 39 STARLING TRACE  
City-St-Zip: CRAWFORDVILLE, FL 32327 WA

Title: S (X) Change ( ) Addition  
Name: SCHELL, LINDA D  
Address: 9727 SAPPINGTON AVE.  
City-St-Zip: JACKSONVILLE, FL 32218 DU

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: APRIL BLACK

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date