2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004448

Entity Name: PEACE PASSERS, INC.

FILED May 06, 2009 Secretary of State

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

315 A STREET 205 C STREET

ST AUGUSTINE, FL 32080

ST AUGUSTINE, FL 32080

Current Mailing Address: New Mailing Address:

315 A STREET 205 C STREET

ST AUGUSTINE, FL 32080

ST AUGUSTINE, TE 32080 ST AUGUSTINE, FL 32080

FEI Number: 26-2627334 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

COOPER, CALEB
315 A STREET
205 C STREET

ST AUGUSTINE, FL 32080 US B
ST AUGUSTINE, FL 32080 US

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: 05/06/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 COOPER, CANDACE
 Name:
 COOPER, CANDACE

 Address:
 315 A STREET
 Address:
 205 C STREET APT.B

 City-St-Zip:
 ST AUGUSTINE, FL 32080
 City-St-Zip:
 ST AUGUSTINE, FL 32080

Title: VP () Delete Title: VP (X) Change () Addition Name: COOPER, CALEB VP (XOCHEB

 Address:
 315 A STREET
 Address:
 205 C STREET APT.B

 City-St-Zip:
 ST AUGUSTINE, FL 32080
 City-St-Zip:
 ST AUGUSTINE, FL 32080

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

 Name:
 HERLIHY, SCOTT
 Name:
 HERLIHY, SCOTT

 Address:
 315 A STREET
 Address:
 205 C STREET APT.B

 City-St-Zip:
 ST AUGUSTINE, FL 32080
 City-St-Zip:
 ST AUGUSTINE, FL 32080

 Name:
 FRYE, SEAN
 Name:
 FRYE, SEAN

 Address:
 315 A STREET
 Address:
 205 C STREET APT.B

 City-St-Zip:
 ST AUGUSTINE, FL 32080
 City-St-Zip:
 ST AUGUSTINE, FL 32080

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: SEAN FRYE T 05/06/2009