2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N08000005692

Entity Name: CHANGE THROUGH GIVING, INC.

Current Principal Place of Business:

405 S. BUCKSKIN WAY
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

PO BOX 3109
WINTER PARK, FL 32790

New Mailing Address:

FEI Number: 80-0243620 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, CHANDRA
405 S BUCKSKIN WAY
WINTER SPRINGS, FL 32708 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: TD ( ) Delete
Name: WILSON, CHANDRA
Address: 405 S. BUCKSKIN WAY
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete
Name: TRISLER, KATI
Address: 5469 BRACKEN CT.
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete
Name: JALOWSKY, DARLENE
Address: 433 LAKESHORE DR.
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete
Name: GREEN-YOUNG, CHANDRA
Address: 484 N. LAKE PLEASANT ROAD
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CHANDRA WILSON TD 04/27/2009

Electronic Signature of Signing Officer or Director — Date