2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006828

Entity Name: BORN AGAIN TO RIDE, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
18320 CRAWLEY RD ODESSA, FL 33556	

Current Mailing Address:	**New Mailing Address:**
18320 CRAWLEY RD ODESSA, FL 33556	

FEI Number: 80-0234877   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
WEISSE, MARSHA CPA 4110 KENSINGTON AVE TAMPA, FL 33629 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: _____

       Electronic Signature of Registered Agent   Date

OFFICERS AND DIRECTORS:

| **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:** |

Title: P   ( ) Delete
Name: HARRELL, MICHAEL E
Address: 18320 CRAWLEY RD
City-St-Zip: ODESSA, FL 33556

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

Title: VP   ( ) Delete
Name: HONRATH, GENE
Address: 15 RAINBOW DR
City-St-Zip: SEWELL, NJ 08080

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

Title: ST   ( ) Delete
Name: WEISSE, MARSHA
Address: PO BOX 13408
City-St-Zip: TAMPA, FL 336813408

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

Title: D   ( ) Delete
Name: BURNS, ROBERT
Address: 7251 EXEMPLER
City-St-Zip: NEW PORT RICHEY, FL 34655

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: MICHAEL E. HARRELL   PRES   01/28/2009

       Electronic Signature of Signing Officer or Director   Date