2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N08000010104

Entity Name: BOBBIE HOWE PROJECT, INC.

Current Principal Place of Business:

% BLAIS & PARENT, PAULSON CENTRE
18245 PUALSON DRIVE
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

% BLAIS & PARENT, PAULSON CENTRE
18245 PAULSON DRIVE
PORT CHARLOTTE, FL 33954

Current Mailing Address:

% BLAIS & PARENT, PAULSON CENTRE
18245 PUALSON DRIVE
PORT CHARLOTTE, FL 33954

New Mailing Address:

% BLAIS & PARENT, PAULSON CENTRE
18245 PAULSON DRIVE
PORT CHARLOTTE, FL 33954

FEI Number: 26-3637052 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FILOSA, PHILIP F ESQ.
BLAIS & PARENT, PAULSON CENTRE
18245 PAULSON DRIVE
PORT CHARLOTTE, FL 33954 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: GINDELE, TIMOTHY J
Address: 8716 TRIONAFO ST
City-St-Zip: NORTH FORT, FL 34287

Title: T ( ) Delete
Name: FILOSA, PHILIP F ESQ.
Address: % 18245 PAULSON DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: S ( ) Delete
Name: TOW, JANE G
Address: 2396 JASMINE WAY
City-St-Zip: NORTH PORT, FL 34287

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:

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: PHILIP F. FILOSA DIR. 01/08/2009
Electronic Signature of Signing Officer or Director — Date