2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010135

Jul 21, 2009 Secretary of State

Entity Name: THE CONSEQUENCES FOUNDATION, INC.

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

832 S. GREENWAY DRIVE CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

832 S. GREENWAY DRIVE CORAL GABLES, FL 33134

FEI Number: 26-3652367 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:

FITZGERALD, SAMANTHA ESQ. 100 S.E. 3RD AVENUE **SUITE 1100** FORT LAUDERDALE, FL 33394 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete CLARKE, JASON YESIL, ENGIN Name: Name:

Address: 40 STAR ISLAND Address: 645 NE 77TH STREET #10

City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI, FL 33138

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

Name: CLARKE, JASON Name: GREELEY, JAMES Address: 645 NE 77TH STREET #10 Address: 2840 FLAMINGO DRIVE City-St-Zip: MIAMI, FL 33134 City-St-Zip: MIAMI BEACH, FL 33140

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

GREELEY, JAMES Name: Name: Address: 2840 FLAMINGO DRIVE Address: City-St-Zip: MIAMI BEACH, FL 33140 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: JASON CLARKE D 07/21/2009