2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N08000010310

Entity Name: COMPASSION CORNER, INC.

Current Principal Place of Business:

200 SOUTH ORANGE AVENUE
SUITE 2600
ORLANDO, FL 32801

New Principal Place of Business:

425 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32801

Current Mailing Address:

200 SOUTH ORANGE AVENUE
SUITE 2600
ORLANDO, FL 32801

New Mailing Address:

427 NORTH MAGNOLIA AVENUE
SUITE B
ORLANDO, FL 32801

FEI Number: 90-0434165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEFF, A. GUY
200 SOUTH ORANGE AVENUE
SUITE 2600
ORLANDO, FL 32801 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: D ( ) Delete
Name: NEFF, DAWN T
Address: 200 SOUTH ORANGE AVENUE #2600
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete
Name: MCCALL, SARA M
Address: 200 SOUTH ORANGE AVENUE #2600
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete
Name: LUCKEN, KAROL
Address: 200 SOUTH ORANGE AVENUE #2600
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete
Name: LOWRY, WILLIAM
Address: 200 SOUTH ORANGE AVENUE #2600
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition
Name: NEFF, DAWN T
Address: 425 NORTH MAGNOLIA AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: D/VP (X) Change ( ) Addition
Name: MCCALL, SARA M
Address: 425 NORTH MAGNOLIA AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: D (X) Change ( ) Addition
Name: LUCKEN, KAROL
Address: 425 NORTH MAGNOLIA AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: D/T (X) Change ( ) Addition
Name: LOWRY, WILLIAM
Address: 425 NORTH MAGNOLIA AVENUE
City-St-Zip: ORLANDO, FL 32801

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: DAWN T. NEFF P 04/13/2009

Electronic Signature of Signing Officer or Director — Date