2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N08000010353

Entity Name: BOHANNON INC

Current Principal Place of Business:

2001 OLD ST. AUGUSTINE RD., APT. G206
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

2001 OLD ST. AUGUSTINE RD., APT. G206
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAMUELS, ERROL
2001 OLD ST. AUGUSTINE RD., APT. G206
TALLAHASSEE, FL 32301 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: SAMUELS, ERROL
Address: 2001 OLD ST. AUGUSTINE RD., APT. G206
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: SAMUELS, AUDREY
Address: 2001 OLD ST. AUGUSTINE RD., APT. G206
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: ROSS, JUANITA
Address: 1700 HALSTEAD BLVD.
City-St-Zip: TALLAHASSEE, FL 32309

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: ZAPERT, EDWARD
Address: 912 RAILROAD AVE.
City-St-Zip: TALLAHASSEE, FL 32310

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: ERROL SAMUELS D 04/27/2009

Electronic Signature of Signing Officer or Director — Date