

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010409

Entity Name: I AM CERTIFIED, INC.

FILED
Sep 03, 2009
Secretary of State

Current Principal Place of Business:

670 LAKE MAGGIORE BLVD SO
ST PETERSBURG, FL 33705

New Principal Place of Business:

14330 58TH ST. NO
APT 1221
CLEARWATER, FL 33760

Current Mailing Address:

670 LAKE MAGGIORE BLVD SO
ST PETERSBURG, FL 33705

New Mailing Address:

14330 58TH ST. NO
APT 1221
CLEARWATER, FL 33760

FEI Number: 26-3727179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

MOORE, ALVINA L
670 LAKE MAGGIORE BLVD SO
ST PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

MOORE, ALVINA L
14330 58TH ST NO
APT 1221
CLEARWATER, FL 33760 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: _____

09/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOORE, ALVINA L
Address: 670 LAKE MAGGIORE BLVD SO
City-St-Zip: ST PETERSBURG, FL 33705

Title: T () Delete
Name: LAURENCE, JASON K
Address: 670 LAKE MAGGIORE BLVD SO
City-St-Zip: ST PETERSBURG, FL 33705

Title: S () Delete
Name: LAURENCE, OMAR X
Address: 6888 17TH STREET S
City-St-Zip: ST PETERSBURG, FL 33712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MOORE, ALVINA L
Address: 14330 58TH ST NO APT 1221
City-St-Zip: CLEARWATER, FL 33760

Title: T (X) Change () Addition
Name: LAURENCE, JASON K
Address: 143630 58TH ST. NO
City-St-Zip: CLEARWATER, FL 33760

Title: S (X) Change () Addition
Name: GIBBS, AHSANDI
Address: 7800 BELCHER ROAD SOUTH APT 202
City-St-Zip: PINELLAS PARK, FL 33081

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: ALVINA L. MOORE

P

09/03/2009

Electronic Signature of Signing Officer or Director

Date