

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001629

FILED  
Apr 30, 2011  
Secretary of State

**Entity Name:** DROWNING RESOURCE AND AQUATIC INJURY NETWORK, INC.

**Current Principal Place of Business:**

111 N 12TH ST  
1319  
TAMPA, FL 33602 US

**New Principal Place of Business:**

111 N 12TH ST # 1319  
1319  
TAMPA, 10 33602 US

**Current Mailing Address:**

111 N 12TH ST  
1319  
TAMPA, FL 33602 US

**New Mailing Address:**

111 N 12TH ST # 1319  
1319  
TAMPA, 10 33602 US

**FEI Number:** 26-4260056

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAMBERT, TERRENCE L  
111 N 12TH ST  
1319  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

LAMBERT, TERRENCE L  
111 N 12TH ST # 1319  
1319  
TAMPA, FL 33602 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: TERRENCE LAMBERT

04/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: STEWART, ANNA  
Address: 3710 WHITEHALL DRIVE #302  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T  
Name: LAMBERT, TERRENCE L  
Address: 111 N 12TH ST # 1319  
City-St-Zip: TAMPA, 10 33602 US

Title: CS  
Name: MCWILLIAM, ROBERT  
Address: 2745 N FARWELL AVE  
City-St-Zip: MILWAUKEE, WI 53211 US

I hereby 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 all other like empowered.

SIGNATURE: TERRENCE LAMBERT

T

04/30/2011

Electronic Signature of Signing Officer or Director

Date