

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002880

FILED
Apr 15, 2010
Secretary of State

Entity Name: DEVELOPMENT OF HEAD TO HEAD ASSOCIATION OF ORLANDO, INC.

Current Principal Place of Business:

5420 LIME LIGHT CIR APT 2
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

5420 LIME LIGHT CIR APT 2
ORLANDO, FL 32839

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOVEMBRE, PAUL
5420 LIME LIGHT CIR APT 2
ORLANDO, FL 32839 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: DP
Name: NOVEMBRE, PAUL
Address: 120 CITRUS RIDGE
City-St-Zip: HAINES CITY, FL 33844

Title: DV
Name: NOVEMBRE, FABIEN
Address: 2013 RIVER TREE CRL APT 202
City-St-Zip: ORLANDO, FL 32839

Title: DS
Name: NOVEMBRE, RONALD
Address: 5420 LIME LIGHT CIR APT 2
City-St-Zip: ORLANDO, FL 32839

Title: DT
Name: NOVEMBRE, LAURENT
Address: 707 PHIO AVE APT 43
City-St-Zip: ORLANDO, FL 32085

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: NOVEMBRE PAUL

DP

04/15/2010

Electronic Signature of Signing Officer or Director

Date