2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003707

FILED Mar 16, 2011 Secretary of State

Entity Name: 3P'S PRISON PREVENTION PROGRAM INC

Current Principal Place of Business: New Principal Place of Business:

4445 FOUNTAINVIEW LANE 750 S.ORANGE BLOSSOM TRAIL

SUITE #231

ORLANDO, FL 32805

Current Mailing Address: New Mailing Address:

4445 FOUNTAINVIEW LANE NUMBER 502 ORLANDO, FL 32808

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

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

WHEELER, CLARENCE J 4445 FOUNTAINVIEW LANE NUMBER 502 ORLANDO, FL 32808 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:

NUMBER 502

ORLANDO, FL 32808

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

WHEELER, CLARENCE J P Name: Address: 4445 FOUNTAINVIEW LANE # 502

City-St-Zip: ORLANDO, FL 32808

Title: **TRUS**

Name: WHEELER, NICOLA Address: 4214 ARCH ST City-St-Zip: ORLANDO, FL 32808

Title:

RUCKER, ASHLEY Name: Address: 745 AVONDAL AVE City-St-Zip: ORLANDO, FL 32805

Title: 0

Name: KING, BRUCE

Address: 5229 GOLD TREE CT City-St-Zip: ORLANDO, FL 32808

Title:

WILLIAM, WISE Name:

4445 FOUNTAINVIEW LANE # 502 Address:

City-St-Zip: ORLANDO, FL 32808

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: CLARENCE WHEELER **PRES** 03/16/2011