

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011931

FILED  
Feb 28, 2011  
Secretary of State

Entity Name: GET PUMPED!, INC.

**Current Principal Place of Business:**

1969 S. ALAFAYA TRAIL, #157  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

1969 S. ALAFAYA TRAIL, #157  
ORLANDO, FL 32828

**New Mailing Address:**

FEI Number: 27-1496894

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MCCARTHY, CRAIG ESQ.  
361 RIVER CHASE DRIVE  
ORLANDO, FL 32807 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: MS.  
Name: YESBECK, JESSICA  
Address: 1801 ANNA CATHERINE DRIVE  
City-St-Zip: ORLANDO, FL 32828

Title: MS.  
Name: GUTIERREZ, AMI  
Address: 8739 ABBEY LEAF LANE  
City-St-Zip: ORLANDO, FL 32827

Title: MS.  
Name: THOMPSON, MELODY  
Address: 6519 W NEWBERRY ROAD, #1019  
City-St-Zip: GAINESVILLE, FL 32605

Title: MS.  
Name: MCCARTHY, TIFFANEY  
Address: 361 RIVER CHASE DRIVE  
City-St-Zip: ORLANDO, FL 32807

Title: DR.  
Name: PACHECO, AMANDA  
Address: 10169 OAK CREST ROAD  
City-St-Zip: ORLANDO, FL 32829

Title: MS.  
Name: SAUNDERS, KATE  
Address: 3671 GENOVA COURT  
City-St-Zip: ORLANDO, FL 32765

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: AMANDA PACHECO

DR.

02/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date