2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010456

Entity Name: FACE OF CHANGE, INC.

FILED Mar 21, 2011 Secretary of State

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

220 S. HARBOR CITY BLVD. 200 S. HARBOR CITY BLVD.

#201 #201

MELBOURNE, FL 32901 MELBOURNE, FL 32901

Current Mailing Address: New Mailing Address:

220 S. HARBOR CITY BLVD. 200 S. HARBOR CITY BLVD. #201 #201

MELBOURNE, FL 32901 MELBOURNE, FL 32901

FEI Number: 27-4444675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CLEVENS, DANI 10350 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: CLEVENS, ROSS A MD
Address: 10350 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP

Name: CLEVENS, DANI Address: 10350 S. TROPICAL TRAIL

City-St-Zip: MERRITT ISLAND, FL 32952

Title: DIR

Name: WEINSTEIN, ELLEN

Address: 200 S. HARBOR CITY BLVD., #201

City-St-Zip: MELBOURNE, FL 32901

Title: DIR

Name: CLEVER, CHERYL

Address: 200 S. HARBOR CITY BLVD., #201

City-St-Zip: MELBOURNE, FL 32901

Title: DIR

Name: COX, LORIN

Address: 200 S. HARBOR CITY BLVD., #201

City-St-Zip: MELBOURNE, FL 32901

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: ROSS A CLEVENS MD P 03/21/2011