2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2012
Secretary of State

DOCUMENT# N10000010456

Entity Name: FACE OF CHANGE, INC.

Current Principal Place of Business:

200 S. HARBOR CITY BLVD.
#201
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

200 S. HARBOR CITY BLVD.
#201
MELBOURNE, FL 32901

New Mailing Address:

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

Name and Address of Current Registered Agent:

CLEVENS, DANI
10350 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952 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: P
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: DANI CLEVENS VP 02/17/2012

Electronic Signature of Signing Officer or Director — Date