2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# N14771

Entity Name: THE ALTERNATIVE PROGRAMS, INC.

Current Principal Place of Business:

151 N.W. 60TH STREET
PO BOX 510266
MIAMI, FL 33127 US

New Principal Place of Business:

151 N.W. 60TH STREET
MIAMI, FL 33127 US

Current Mailing Address:

P O BOX 510266
PO BOX 510266
MIAMI, FL 331510266 US

New Mailing Address:

P O BOX 510266
MIAMI, FL 331510266 US

FEI Number: 59-2690657 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AYERS, GEORGIA JONES
2475 NW 111TH STREET
MIAMI, FL 33167 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: AS ( ) Delete
Name: ROGERS, WILMA
Address: 2017 N.W. 55TH TERRACE
City-St-Zip: MIAMI, FL 33142

Title: SD ( ) Delete
Name: REED, KAYE
Address: 1340 N.W. 193RD TERRACE
City-St-Zip: MIAMI, FL

Title: VD ( ) Delete
Name: ELLIS, GEORGE
Address: 1055 NW 52ND STREET
City-St-Zip: MIAMI, FL

Title: PDC ( ) Delete
Name: CRAWFORD, FRED
Address: 1935 NW 56TH ST
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRED CRAWFORD PDC 02/23/2009

Electronic Signature of Signing Officer or Director — Date