

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22601

FILED  
May 10, 2007  
Secretary of State

Entity Name: FRIENDSHIP NETWORK, INC.

## Current Principal Place of Business:

P.O. BOX 69-3393  
MIAMI, FL 33269

## New Principal Place of Business:

%20 NW 165 STREET ROAD  
SUITE 205  
MIAMI, FL 33169

## Current Mailing Address:

P.O. BOX 69-3393  
MIAMI, FL 33269

## New Mailing Address:

FEI Number: 65-0047154      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

WALKER, SANDRA  
633 NE 167 STREET SUITE 601  
N MIAMI BEACH, FL 33162 US

## Name and Address of New Registered Agent:

WALKER, SANDRA  
520 NW 165 STREET ROAD  
SUITE 601  
MIAMI, FL 33169 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: \_\_\_\_\_

05/10/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WILSON, CAROLYN  
Address: P.O. BOX 69-3393  
City-St-Zip: MIAMI, FL 33269

Title: T ( ) Delete  
Name: GONZALEZ, JACKIE  
Address: 1492 W FLAGLER ST  
City-St-Zip: MIAMI, FL 33135

Title: VP ( ) Delete  
Name: LOUIS, CARRIE  
Address: 12550 BISCAYNE BOULEVARD  
City-St-Zip: MIAMI, FL 33181

Title: SD ( ) Delete  
Name: PEEL, FRED  
Address: 62 SW 72 STREET #D6  
City-St-Zip: MIAMI, FL 33143

Title: D ( ) Delete  
Name: OPREE, JOYNER  
Address: 1957 JACKSON STREET  
City-St-Zip: HOLLYWOOD, FL 33056

Title: D ( ) Delete  
Name: HOPE, CAROL  
Address: 1492 NW 196 STREET  
City-St-Zip: MIAMI, FL 33169

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition  
Name: WHITE, PAULETTE  
Address: 520 NW 165 STREET SUITE 205  
City-St-Zip: MIAMI, FL 33169

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: CAROL HOPE

D

05/10/2007

Electronic Signature of Signing Officer or Director

Date