

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 16, 2009
Secretary of State

DOCUMENT# N31729

Entity Name: STOP HUNGER, INC.

Current Principal Place of Business:12050 NE 14 AVE
N MIAMI, FL 33161 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 611235
NO MIAMI, FL 33261**New Mailing Address:**

FEI Number: 65-0128585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:LITTMAN, JULE
3545 NE 166TH ST, PH10
MIAMI, FL 33160 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: ED () Delete
Name: LITTMAN, JULIUS
Address: 3545 NE 166TH ST PH#10
City-St-Zip: NORTH MIAMI BEACH, FL 33160Title: SD () Delete
Name: KATS, TATYANA
Address: 3660 NE 166TH STREET, # 814
City-St-Zip: NORTH MIAMI BEACH, FL 33160Title: D () Delete
Name: MCDERMOTT, MICHAEL
Address: 840 NE 127TH ST
City-St-Zip: NORTH MIAMI, FL 33161Title: D () Delete
Name: FLEISCHER, DAVID
Address: 1700 S TREASURE DR
City-St-Zip: NORTH BAY VILLAGE, FL 33141Title: D () Delete
Name: FOX, TEDDY
Address: 1680 NE 191ST STREET, # 215
City-St-Zip: MIAMI, FL 33179Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
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City-St-Zip:Title: () Change () Addition
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City-St-Zip:Title: () Change () Addition
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Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D () Change (X) Addition
Name: WALKER, CLIFFORD
Address: 3500 MYSTIC POINTE DR., T4103
City-St-Zip: AVENTURA, FL 33180

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: LITTMAN JULIUS

ED

04/16/2009

Electronic Signature of Signing Officer or Director

Date