2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000246

Entity Name: FLORIDA SIDS ALLIANCE, INC.

FILED Jan 16, 2008 Secretary of State

Current Principal Place of Business: New P	incipal Place of Business:
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4185 WEST LAKE MARY BLVD. #169 LAKE MARY, FL 32746 US

Current Mailing Address: New Mailing Address:

PO BOX 17561 4185 WEST LAKE MARY BLVD. #169 WEST PALM BEACH, FL 33416 US LAKE MARY, FL 32746 US

FEI Number: 52-1747597 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:

HAMER, BUNNY D
11640 SW 64 AVENUE
PINECREST, FL 33156 US
HAMER, BUNNY D
2176 ALAQUA DRIVE
LONGWOOD, FL 32779 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: BUNNYD HAMER 01/16/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VTD () Delete Title: VTD (X) Change () Addition

 Name:
 HAMER, BUNNY D
 Name:
 HAMER, BUNNY D

 Address:
 4185 WEST LAKE MARY BLVD. #169
 Address:
 2176 ALAQUA DRIVE

 City-St-Zip:
 LAKE MARY, FL 32746
 City-St-Zip:
 LONGWOOD, FL 32779

Title: PD () Delete Title: () Change () Addition

 Name:
 BAGLEY, ROY
 Name:

 Address:
 14 CHARLONATE DRIVE
 Address:

 City-St-Zip:
 GRAY, ME 03949
 City-St-Zip:

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 SCULLEY, LISA
 Name:
 SCULLEY, LISA

 Address:
 5103 PENNANT DRIVE
 Address:
 1000 LEE STREET

 City-St-Zip:
 JACKSONVILLE, FL 32244
 City-St-Zip:
 STARKE, FL 32091

Title: D () Delete Title: () Change () Addition

 Name:
 LANHAM, JUDY
 Name:

 Address:
 12199 SUNCHASE DRIVE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32246
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 BONWIT, STEVEN
 Name:
 MELCHER, CHARLENE

 Address:
 8281 SW 186 STREET
 Address:
 1574 AMARYLLIS CIRCLE

 City-St-Zip:
 MIAMI, FL 33157
 City-St-Zip:
 ORLANDO, FL 32825

Title: D () Delete Title: D (X) Change () Addition

 Name:
 MELCHER, CHARLENE
 Name:
 SIMON, HELENE

 Address:
 1574 AMARYLLIS CIRCLE
 Address:
 481 TOPEKA RD SW

 City-St-Zip:
 ORLANDO, FL 32825
 City-St-Zip:
 PALM BAY, FL 32908

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: BUNNY D HAMER VTD 01/16/2008