

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002931

FILED
Apr 26, 2005
Secretary of State

Entity Name: DO THE RIGHT THING, INC.

Current Principal Place of Business:

400 NW 2ND AVE
ROOM 206-B
MIAMI, FL 33101

New Principal Place of Business:

Current Mailing Address:

400 NW 2ND AVE
ROOM 206-B
MIAMI, FL 33101

New Mailing Address:

FEI Number: 65-0207781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATKISON, JODI
400 NW 2ND AVE
ROOM 206-B
MIAMI, FL 33138 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: PD () Delete
Name: SMITH, MARZELL DR
Address: 400 NW 2ND AVE
City-St-Zip: MIAMI, FL 33128

Title: T () Delete
Name: SPRING, LARRY
Address: 444 SW 2 AVE 5TH FLOOR
City-St-Zip: MIAMI, FL 33128

Title: D () Delete
Name: CARLIN, DONALD
Address: 400 NW 2ND AVE
City-St-Zip: MIAMI, FL 33128

Title: D () Delete
Name: ATKISON, JODI
Address: 400 NW 2ND AVE
City-St-Zip: MIAMI, FL 33128

Title: D () Delete
Name: DEVANE, CAROL GREER
Address: 400 NW 2ND AVENUE
City-St-Zip: MIAMI, FL 33128

Title: D () Delete
Name: BRANDELL, RONA
Address: 400 NW 2ND AVE
City-St-Zip: MIAMI, FL 33128

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:

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 for the exemption stated in Section 119.07(3)(i), 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: JODI ATKISON

D

04/26/2005

Electronic Signature of Signing Officer or Director

Date