## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000002931

FILED Feb 15, 2008 Secretary of State

Entity Na	me: DO THE	RIGHT THING, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
400 NW 21 ROOM 200 MIAMI, FL	6-B					
Current Mailing Address:			New Mailing Address:			
400 NW 21 ROOM 200 MIAMI, FL	6-B					
FEI Number	: 65-0207781	FEI Number Applied For ( )	FEI Number Not App	clicable ( ) Certificate of Status Desired ( )		
Name and	d Address of (	Current Registered Agent:	Name and	Address of New Registered Agent:		
ATKISON, 400 NW 21 ROOM 200 MIAMI, FL	ND AVE					
	e named entity e of Florida.	submits this statement for the p	ourpose of changing i	its registered office or registered agent, or both	,	
SIGNATU					_	
	Electro	nic Signature of Registered Age	ent	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PRES ( PATEL, HENR' 400 NW 2ND A MIAMI, FL 33'	N/E	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	T ( SPRING, LARF 444 SW 2 AVE MIAMI, FL 33 <sup>-</sup>	5TH FLOOR	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition BOUDREAUX, MIKE 444 SW 2 AVE 5TH FLOOR MIAMI, FL 33128		
Title: Name: Address: City-St-Zip:	D ( ATKISON, JOE 400 NW 2ND A MIAMI, FL 33 <sup>4</sup>	WE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D ( DEVANE, CAR 400 NW 2ND A MIAMI, FL 33 <sup>4</sup>	VENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title:	D (	) Delete	Title:	( ) Change ( ) Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JODI ATKISON 02/15/2008 D

BRANDELL, RONA

400 NW 2ND AVE

MIAMI, FL 33128

Name:

Address:

City-St-Zip: