2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N94000001261

Entity Name: CURRENT PROBLEMS, INC.

Current Principal Place of Business:

201 SE 2ND AVE
SUITE 201
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 357098
GAINESVILLE, FL 32635 US

New Mailing Address:

FEI Number: 59-3255550 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLS0N, FRITZI
20810 NE 132 AVE
WALDO, FL 32694 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: SD ( ) Delete
Name: BUGDAL, BRUCE
Address: 1117 NW 35 AVE
City-St-Zip: GAINESVILLE, FL 32609

Title: D ( ) Delete
Name: HART, WANDA S
Address: 16807 NW 173RD TERR.
City-St-Zip: ALACHUA, FL

Title: PD ( ) Delete
Name: ROUNDTREE, DANIEL M
Address: 1205 N.E. 6TH TERRACE
City-St-Zip: GAINESVILLE, FL 326014413

Title: TD ( ) Delete
Name: WARD, THOMAS H
Address: 512 NE 7 ST
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete
Name: BYERLY, MIKE
Address: PO BOX 776
City-St-Zip: MICANOPY, FL 32667

Title: D ( ) Delete
Name: JANTZ, SCOTT
Address: 6417 NW 53 TERR
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BUGDAL, BRUCE
Address: 1117 NW 35 AVE
City-St-Zip: GAINESVILLE, FL 32609

Title: VP (X) Change ( ) Addition
Name: HART, WANDA S
Address: 16807 NW 173RD TERR.
City-St-Zip: ALACHUA, FL

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: FRITZI S. OLSON E.D. 04/24/2009

Electronic Signature of Signing Officer or Director — Date