
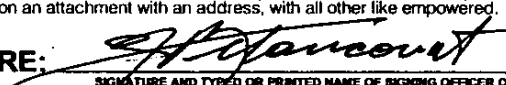


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 20, 2008 8:00 am**  
**Secretary of State**

08-20-2008 90002 025 \*\*\*\*61.25

<b>DOCUMENT # N94000003615</b> 1. Entity Name <b>AWAKENING, ART &amp; CULTURE, INCORPORATED</b>					
Principal Place of Business <b>5350 E. KALEY STREET ORLANDO, FL 32812</b>			Mailing Address <b>5350 E. KALEY STREET ORLANDO, FL 32812</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>59-3257617</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>NEFF, MYLES 213 WHITTIER CIR ORLANDO, FL 32806</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	NAME	Delete	TITLE	NAME	Delete
	ED BETANCOURT, NELSON	<input type="checkbox"/>		<b>JASON NEFF</b>	<input type="checkbox"/>
	STREET ADDRESS 5350 E. KALEY STREET			STREET ADDRESS 213 WHITTIER CIRCLE	<input checked="" type="checkbox"/>
	CITY-ST- ZIP ORLANDO, FL 32812			CITY-ST- ZIP ORLANDO, FL 32806	
	D BECKER, VERNON	<input type="checkbox"/>		<b>RONALD AMBAR</b>	<input type="checkbox"/>
	STREET ADDRESS 5350 E. KALEY STREET			STREET ADDRESS 5736 INTERNATIONAL DR.	<input checked="" type="checkbox"/>
	CITY-ST- ZIP ORLANDO, FL 32812			CITY-ST- ZIP ORLANDO, FL 32819	
	D GARCIA, ARMANDO DR.	<input checked="" type="checkbox"/>		<b>MARIO RABAZZO</b>	<input type="checkbox"/>
	STREET ADDRESS 5350 E. KALEY STREET			STREET ADDRESS 1000 UNIVERSAL STUDIOS PLAZA	<input checked="" type="checkbox"/>
	CITY-ST- ZIP ORLANDO, FL 32812			CITY-ST- ZIP ORLANDO, FL	
	D GOMEZ, ALBERTO	<input checked="" type="checkbox"/>			<input type="checkbox"/>
	STREET ADDRESS 5350 E. KALEY STREET				
	CITY-ST- ZIP ORLANDO, FL 32812				
	D MARQUEZ, ROBERTO	<input type="checkbox"/>			<input type="checkbox"/>
	STREET ADDRESS 5350 E. KALEY STREET				
	CITY-ST- ZIP ORLANDO, FL 32812				
	D MORA, ULYSSES	<input checked="" type="checkbox"/>			<input type="checkbox"/>
	STREET ADDRESS 5350 E. KALEY STREET				
	CITY-ST- ZIP ORLANDO, FL 32812				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <b>8/17/2008</b> Phone: <b>(407) 860-4919</b>					