2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: AWAKENING, ART & CULTURE, INCORPORATED

Current Principal Place of Business:

639 E COLONIAL DR
SUITE 202
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

639 E COLONIAL DR.
SUITE 202
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-3257617 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEFF, MYLES
213 WHITTIER CIR
ORLANDO, FL 32806 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: ED
Name: BETANCOURT, NELSON
Address: 5350 E. KALEY STREET
City-St-Zip: ORLANDO, FL 32812

Title: D
Name: CARIDAD, PENA
Address: 7597 ST. STEPHENS CT
City-St-Zip: ORLANDO, FL 32835

Title: D
Name: NEFF, JASON
Address: 213 WHITTIER CIRCLE
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: GABRIEL, DE SOUZA
Address: 1503 ISON IN
City-St-Zip: OCOEE, FL 34761

Title: D
Name: KATSAROS, ALEX
Address: 730 N. WESTMORELAND AVE APT C
City-St-Zip: ORLANDO, FL 32804

Title: D
Name: CERRONE, MARIA
Address: 101 W. NEW HAMPSHIRE ST.
City-St-Zip: ORLANDO, FL 32804

I hereby 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 all other like empowered.

SIGNATURE: ALEX KATSAROS MR. 04/19/2010

Electronic Signature of Signing Officer or Director — Date