
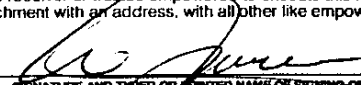


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90025 022 \*\*\*\*70.00

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # N95000003974</b>   |  |  |  |  |  |
| 1. Entity Name<br>ORLANDO AFTER-SCHOOL ALL-STARS, INC.   |  |  |  |   |  |
| Principal Place of Business<br>400 S ORANGE AVE<br>ORLANDO, FL 32801   |  |  | Mailing Address<br>400 S ORANGE AVE<br>ORLANDO, FL 32801 |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  |  | 3. Mailing Address                                       |   |  |
| Suite, Apt. #, etc.  |  |  | Suite, Apt. #, etc.                                      |   |  |
| City & State   |  |  | City & State   |   |  |
| Zip  | Country  | Zip  | Country  | 03312008 Chg-NP CR2E037 (12/06)   |  |
| 4. FEI Number<br>59-3313614  |  |  |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |  |  |  | \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent  |  |  | 7. Name and Address of New Registered Agent              |   |  |
| HAWKINS, II, CHARLES J<br>201 S ROSALIND AVE<br>3RD FLR<br>ORLANDO, FL 32802-1393  |  |  | Name   |   |  |
|  |  |  | Street Address (P.O. Box Number is Not Acceptable)       |   |  |
|  |  |  | City   |   |  |
|  |  |  | FL   |   | Zip Code   |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>   |  |  |  |   |  |
| Filing Fee is \$61.25 Due by May 1, 2008   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | \$5.00 May Be Added to Fees   |  |
|  |  |  |  | Make check payable to Florida Department of State                                 |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DVC<br>BOWDEN, TERRY<br>2047 FOREST CLUB DRIVE<br>ORLANDO, FL 32804                    | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | OFS<br>HAWKINS, II, CHARLES J<br>201 S ROSALIND AVE., 3RD FLR<br>ORLANDO, FL 328021393 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>JONES, ANN<br>9800 INTERNATIONAL DRIVE<br>ORLANDO, FL 32819                       | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DC<br>WYMAN, BETTY<br>400 S ORANGE AVE<br>ORLANDO, FL 32801                            | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | DC<br>Thomas Callan<br>921 Bradshaw Terrace<br>ORLANDO, FL 32806                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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. |  |  |  |   |  |
| SIGNATURE:    |  | 4/1/08   |  | 407-246-2043  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  | <small>Date</small>  |  | <small>Daytime Phone #</small>  |  |