2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003974

FILED Apr 09, 2009 Secretary of State

Entity Name: ORLANDO AFTER-SCHOOL ALL-STARS, INC. **Current Principal Place of Business: New Principal Place of Business:** 400 S ORANGE AVE ORLANDO, FL 32801 **Current Mailing Address: New Mailing Address:** 400 S ORANGE AVE ORLANDO, FL 32801 FEI Number: 59-3313614 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAWKINS, II, CHARLES J 201 S ROSALIND AVE 3RD FLR ORLANDO, FL 328021393 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HAWKINS, II, CHARLES J HAWKINS, II, CHARLES J Name: Name: Address: 201 S ROSALIND AVE., 3RD FLR Address: 201 S ROSALIND AVE., 3RD FLR City-St-Zip: ORLANDO, FL 328021393 City-St-Zip: ORLANDO, FL 328021393 Title: Title: () Delete () Change () Addition Name: JONES, ANN Name: Address: 9800 INTERNATIONAL DRIVE Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: Title: () Delete Title: () Change () Addition CALLAN, THOMAS Name: Name: 921 BRADSHAW TERRACE Address: Address: City-St-Zip: ORLANDO, FL 32806 City-St-Zip: () Delete Title: Title: () Change (X) Addition Name: Name: DONNA, DOWLESS 1055 LANCASTER DRIVE Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32806

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: THOMAS CALLAN DC 04/09/2009