2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# N96000002963

Entity Name: REGIONS BEYOND INTERNATIONAL INC.

Current Principal Place of Business:

4047 DEVLIN CT
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12549
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-3407780 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUSSI, PATRICK K
4047 DEVLIN CT
TALLAHASSEE, FL 32309 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: PD ( ) Delete
Name: MCDONALD, BRUCE D
Address: 4047 DEVLIN CT
City-St-Zip: TALLAHASSEE, FL 32309

Title: VD ( ) Delete
Name: MCDONALD, BRUCE D III
Address: 4047 DEVLIN CT
City-St-Zip: TALLAHASSEE, FL 32309

Title: SD ( ) Delete
Name: RUSSI, PATRICK K
Address: 2031 SUNNY DALE DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: CABELL, THOMAS N
Address: 9026 S DARLINGTON AV
City-St-Zip: TULSA, OK 74137

Title: VD ( ) Delete
Name: MCDONALD, REBECCA
Address: 4047 DEVLIN CT
City-St-Zip: TALLAHASSEE, FL 32309

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: TD (X) Change ( ) Addition
Name: NODA, LAURENCE W
Address: 3252 HEATHER HILL LN
City-St-Zip: TALLAHASSEE, FL 32309

Title: D (X) Change ( ) Addition
Name: CABELL, THOMAS N
Address: 9026 S DARLINGTON AV
City-St-Zip: TULSA, OK 74137

Title: VD ( ) Change (X) Addition
Name: MCDONALD, REBECCA
Address: 4047 DEVLIN CT
City-St-Zip: TALLAHASSEE, FL 32309

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: PATRICK K RUSSI SEC 01/09/2009

Electronic Signature of Signing Officer or Director — Date