2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N96000005837

Entity Name: FRESH START PROGRAM, INC.

Current Principal Place of Business:

2170 JAMES DRIVE
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

PO BOX 620955
OVIEDO, FL 327620955

New Mailing Address:

FEI Number: 87-0725354 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUCAS, BRIAN
135 ROSA AVE.
OVIEDO, FL 32765 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: LUCAS, BRIAN
Address: 135 ROSA AVE.
City-St-Zip: OVIEDO, FL 32765

Title: VD ( ) Delete
Name: KNIGHT, BRANDON
Address: 135 ROSA AVE.
City-St-Zip: OVIEDO, FL 32765

Title: SD ( ) Delete
Name: JENNIFER, SHAVERS
Address: 135 ROSA AVE
City-St-Zip: OVIEDO, FL 32765

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SMITH, ALONZA MR
Address: 84 AVE B
City-St-Zip: OVIEDO, FL 32765

Title: VD (X) Change ( ) Addition
Name: JOHNSON, JASON Q MR.
Address: 121 KELLY CIRCLE
City-St-Zip: SANFORD, FL 32773

Title: SD (X) Change ( ) Addition
Name: JOERICO, CAMMY L MR.
Address: 135 ROSA AVE.
City-St-Zip: OVIEDO, FL 32765

Title: ED ( ) Change (X) Addition
Name: LUCAS, BRIAN MR.
Address: 135 ROSA AVE.
City-St-Zip: OVIEDO, FL 32765

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: BRIAN LUCAS ED 04/27/2009

Electronic Signature of Signing Officer or Director — Date