2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# N97000000410

Entity Name: HIGHWAY COMMUNITY OUTREACH, INC.

Current Principal Place of Business:

4441 W. SUNRISE BLVD.
PLANTATION, FL 33313

New Principal Place of Business:

Current Mailing Address:

PO OFFICE BOX 16690
PLANTATION, FL 33313 US

New Mailing Address:

FEI Number: 65-0724749 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MITCHELL, WILLETT DR.
4441 W SUNRISE BLVD
PLANTATION, FL 33313 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: MITCHELL, WILLETT DR.
Address: PO BOX 16690
City-St-Zip: PLANTATION, FL 33318

Title: SD ( ) Delete
Name: AUSTIN, S D DR.
Address: PO BOX 16690
City-St-Zip: PLANTATION, FL 33318

Title: TD ( ) Delete
Name: JIMMIE, MAJORS
Address: 4424 STEEPLETON WAY
City-St-Zip: CHARLOTTE, NC 28215

Title: T ( ) Delete
Name: MICHAEL R. MITCHELL,
Address: 4424 STEPPLETON WAY
City-St-Zip: CHARLOTTE, NC 28215

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DR. WILLETT MITCHELL PD 04/27/2008

Electronic Signature of Signing Officer or Director — Date