## 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED ANNUAL REPORT								
DOCUMENT # N9700003573  1. Entity Name FACING EAST, INC.				124	•	ED 7 Ph I	: 39	
Principal Place of Business 97441 PIRATES POINT RD YULEE, FL 32097		Mailing Address 97441 PIRATES POINT RD YULEE, FL 32097		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P. D. BOX 706						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06112008 Chg-Ni	P CR2E0	37 (12/06)		
City & State		YULCE FL		4. FEI Number 89-3452621			olied For Applicable	
Žip	Country	32097	ŰŠA	5. Certificate of Status D	Desired [	\$8.75 Addi Fee Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
-SOUTHWELL, MARLA D				Name Street Address (P.O. Box Number is Not Acceptable)				
YULEE, FI	L 32097		<del></del>					
		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   Signature, typed or printed name of registered agent and 8th # applicable. (NOTE: Registered Agent signature required when reinstalling)  ADD 1325-95244  Signature, typed or printed name of registered agent and 8th # applicable. (NOTE: Registered Agent signature required when reinstalling)								
	Amended AR is \$61.25	\$5.00 May Be Added to Fees	Make chec Florida Depai	k payable to tment of St				
10.	OFFICERS AND D	RECTORS	11.	ADDITIONS/CHANGES TO	OFFICERS AND DI	RECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BRAND, RICH 86493 WORTHINGTON DR YULEE, FL 32097	☐ Delete	NAME STREET ADDRESS	icer Reuter, Michell 1515 Worthing ee, FL 32097	e gton Dr	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SOUTHWELL, MARLA D 97441 PIRATES POINT RD YULEE, FL 32097	☐ Delete	NAME OFFI	icer Juggan, Hope 479 Pirates Poil Lee, FL 32097	nt RJ.	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VAN WAGNER, NATALIE A 155 NANETTE ST ORLANDO, FL 32839	☐ Delete	NAME BY STREET ADDRESS 364	retary and. Debbie 193 Worthingto lec, FL 32097	n_Dr	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME O'C STREET ADDRESS 964	icer Lonner, Angelia 533 Blackro ec, FL 32097	CK Rd.	☐ Change	Addition	
TITLE NAME STREET ADDRESS CIFY-ST-ZIP		☐ Delete	IITLE OFF	icer uson, David 1034 Worthingth 100, FL 3209	on Dr.	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME VAIN	wagner, Natal 24 Summer B rnandina Bea	ie.	Change	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 an other like empowered.								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR								