2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2009
Secretary of State

DOCUMENT# N98000002310

Entity Name: SELVON SEEBRAN WORLDWIDE DELIVERANCE, INC.

Current Principal Place of Business:

5101 EDGEWATER DR.
ORLANDO, FL 32868

New Principal Place of Business:

5101 EDGEWATER DR.
ORLANDO, FL 32810

Current Mailing Address:

P.O. BOX 608073
ORLANDO, FL 32868

New Mailing Address:

P.O. BOX 608073
ORLANDO, FL 32860

FEI Number: 59-8014738 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SEEBRAN, SHERRY L
5101 EDGEWATER DRIVE
ORLANDO, FL 32810 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: P ( ) Delete
Name: SEEBRAN, SELVON
Address: 5122 EDGEWATER DR
City-St-Zip: ORLANDO, FL

Title: VP ( ) Delete
Name: SEEBRAN, SHERRY L
Address: 5122 EDGEWATER DR
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete
Name: CROSS, JERRY
Address: CLAYTON RD
City-St-Zip: CLEO, AL

Title: D ( ) Delete
Name: STONE, TRACY
Address: 6641 MADISON RD.
City-St-Zip: WILSON, NC 27807

Title: D ( ) Delete
Name: STONE, LISA
Address: 6641 MADISON RD.
City-St-Zip: WILSON, NC 27807

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:

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. SELVON SEEBRAN PRES 08/20/2009

Electronic Signature of Signing Officer or Director — Date