## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000002397

Entity Name: STREET SMARTS COALITION INC.

**FILED** Apr 28, 2005 Secretary of State

| Current Principal Place of Busi   | ness: New | Principal Place of Bus    | siness:    |
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330 NE 34 STREET 330 NE 34 STREET MIAMI, FL 33137 MIAMI, FL 33137 US

**Current Mailing Address: New Mailing Address:** 

330 NE 34 STREET 330 NE 34 STREET MIAMI, FL 33137 MIAMI, FL 33137 US

FEI Number: 65-0845714 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KILEY, MARION C 332 NÉ 34 ST MIAMI, FL 33137 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

(X) Change ( ) Addition

() Delete KILEY, MARION C KILEY, MARION C Name: Name: Address: 332 NE 34 STREET Address: 332 NE 34 STREET City-St-Zip: MIAMI, FL 33137 City-St-Zip: MIAMI, FL 33137 US

Title: Title: (X) Change ( ) Addition ( ) Delete Name: BRYANT, THOMAS E MD, JD Name: BRYANT, THOMAS E MD, JD Address: 1555 CONNECTICUT AVE NW. STE 200 Address: 1555 CONNECTICUT AVE NW. STE 200

City-St-Zip: WASHINGTON, DC 20036 City-St-Zip: WASHINGTON, DC 20036 US

Title: () Delete Title: (X) Change ( ) Addition

MICHAELS, ANNE M Name: MICHAELS, ANNE M Name: 2411 1/2 20TH STREET, NW #8 2411 1/2 20TH STREET, NW #8 Address: Address:

City-St-Zip: WASHINGTON, DC 20009 City-St-Zip: WASHINGTON, DC 20009 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARION C. KILEY CD 04/28/2005