

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002397

FILED
Apr 21, 2008
Secretary of State

Entity Name: STREET SMARTS COALITION INC.

Current Principal Place of Business:

15390 SW 269TH TERRACE
HOMESTEAD, FL 33032 US

New Principal Place of Business:

Current Mailing Address:

15390 SW 269TH TERRACE
MIAMI, FL 33032 US

New Mailing Address:

15390 SW 269TH TERRACE
HOMESTEAD, FL 33032 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:

KILEY, MARION C MPA
15390 SW 269TH TERRACE
HOMESTEAD, FL 33032 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: D () Delete
Name: KILEY, MARION C MPA
Address: 15390 SW 269TH TERRACE
City-St-Zip: HOMESTEAD, FL 33032 US

Title: D () Delete
Name: BRYANT, THOMAS E MD,JD
Address: 1555 CONNECTICUT AVE NW, STE 200
City-St-Zip: WASHINGTON, DC 20036 US

Title: D () Delete
Name: MICHAELS, ANNE M
Address: 3105 38TH STREET, NW
City-St-Zip: WASHINGTON, DC 20016 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BRYANT, SR, THOMAS E MD,JD
Address: 1616 18TH STREET, NW
City-St-Zip: WASHINGTON, DC 20009 US

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: MARION C KILEY

D

04/21/2008

Electronic Signature of Signing Officer or Director

Date