2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003898

FILED Mar 31, 2009 Secretary of State

Entity Name: COMMUNITY RESOURCE CONNECTIONS INC.

Current Principal Place of Business: New Principal Place of Business:

2828 CORAL WAY 2828 CORAL WAY

SUITE 500 SUITE 500

MIAMI, FL 33145 US CORAL GABLES, FL 33145 US

Current Mailing Address: New Mailing Address:

2828 CORAL WAY 2828 CORAL WAY

SUITE 500 SUITE 500

MIAMI, FL 33145 US CORAL GABLES, FL 33145 US

FEI Number: 91-1920704 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:

BERMAN, STEPHANIE

2828 CORAL WAY

SUITE 500

BERMAN, STEPHANIE

2828 CORAL WAY

SUITE 500

SUITE 500

MIAMI, FL 33145 US CORAL GABLES, FL 33145 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: STEPHANIE BERMAN 03/31/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: BERMAN, STEPHANIE Name: BERMAN, STEPHANIE Address: 2828 CORAL WAY, SUITE 500 Address: 2828 CORAL WAY, SUITE 500

City-St-Zip: MIAMI, FL 33145 City-St-Zip: COAL GABLES, FL 33145

Title: D () Delete Title: D (X) Change () Addition Name: GARCIA, TERESITA Name: GARCIA, TERESITA

Address: 2601 S BAYSHORE DRIVE, 19TH FLOOR Address: 2601 S BAYSHORE DRIVE, 10TH FLOOR

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33133

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

Name: MESSER, JOHN Name: MESSER, JOHN

Address: 801 BRICKLER AVENUE, SUITE 2450 Address: 801 BRICKELL AVENUE, SUITE 2450

City-St-Zip: MIAMI, FL 33145 City-St-Zip: MIAMI, FL 33131

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: STEPHANIE BERMAN P 03/31/2009