

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005124

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: FACING IT TOGETHER, INC.

**Current Principal Place of Business:**

1150 NORTH 35TH AVENUE, SUITE 490  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

1150 NORTH 35TH AVENUE, SUITE 490  
HOLLYWOOD, FL 33021

**New Mailing Address:**

FEI Number: 65-0953436

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHUSTER, MARC  
1150 NORTH 35TH AVENUE, SUITE 490  
HOLLYWOOD, FL 33021 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: TD ( ) Delete  
Name: MARTY, MCGROGAN  
Address: 1150 NORTH 35TH AVENUE, SUITE 490  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete  
Name: RICHARDSON, GEX  
Address: 1150 NORTH 35TH AVENUE, SUITE 490  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VD ( ) Delete  
Name: BONDURANT, MIKE  
Address: 1150 NORTH 35TH AVENUE, SUITE 490  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete  
Name: GUERIN, SEAN  
Address: 1150 NORTH 35TH AVENUE, SUITE 490  
City-St-Zip: HOLLYWOOD, FL 33021

Title: P ( ) Delete  
Name: STELNICKI, ERIC  
Address: 1150 NORTH 35TH AVENUE, SUITE 490  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VD ( ) Delete  
Name: CHAMBLISS, HUNTER  
Address: 1150 NORTH 35TH AVENUE, SUITE 490  
City-St-Zip: HOLLYWOOD, FL 33021

**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:

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: MARTY MCGROGAN

TD

04/30/2008

Electronic Signature of Signing Officer or Director

Date