2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# P00000072000

Entity Name: AWAKENINGS ASSOCIATION MANAGEMENT, INC.

Current Principal Place of Business:

4213 COUNTRY RD 218
1
MIDDLEBURG, FL 32068

New Principal Place of Business:

4213 COUNTY RD 218
1
MIDDLEBURG, FL 32068

Current Mailing Address:

4759 LEOPARD CIRCLE
MIDDLEBURG, FL 32068

New Mailing Address:

4213 COUNTY ROAD 218
1
MIDDLEBURG, FL 32068

FEI Number: 59-3662162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELCOMYN, VINA C
4759 LEOPARD CIRCLE
MIDDLEBURG, FL 32068 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: DELCOMYN, VINA C
Address: 4759 LEOPARD CIRCLE
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VINA DELCOMYN PD 04/10/2008

Electronic Signature of Signing Officer or Director — Date