2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000101313

City-St-Zip:

PORT SAINT LUCIE, FL 34984

Entity Name: ALL FLORIDA REFERRAL NETWORK, INC.

FILED Mar 02, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|---|---------------------------------|---|--|--|
| 9156 S FE PORT SAI | ED HWY INT LUCIE, FL | 34952 | · | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| 9156 S FE PORT SAI | ED HWY INT LUCIE, FL | 34952 | | | |
| FEI Number | : 59-3681111 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 9156 S FE | E, DAVID L ED HWY INT LUCIE, FL | 34952 US | | | |
| | e named entity s e of Florida. | ubmits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electroni | c Signature of Registered Age | ent | Date | |
| Election Ca | mpaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD () BESSETTE, DAV 5155 PALMETO FORT PIERCE, | AVE. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | STD () BESSETTE, PAN 5155 PALMETO FORT PIERCE, | AVE. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | VP () PASS, KATHERI 3057 SE GALT (| | Title: Name: Address: | () Change () Addition | |

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.

City-St-Zip:

SIGNATURE: DAVID L BESSETTE PRES 03/02/2009