2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P02000006362

DOCUMENT # 1. Entity Name



FILED Apr 14, 2003 8:00 am \$ Secretary of State 04-14-2003 90092 001 ***158.75

ORGANIZING FOR RESULTS, INC.			1		
Principal Place of Business 5288 BROOK CT ORLANDO FL 32811	Mailing Address 5288 BROOK CT ORLANDO FL 32811				
2. Principal Place of Business	3. Mailing Address	Phillips Blud			
Suite, Apt. #, etc.	Suite, Apt, #, etc.	-PMB 311	CHECK HERE IF MA	KING CHANGES	
City & State	City & State Orlando	FL	4. FEI Number 31-18/6482	Applied For Not Applicable	
Zip Country	zip 32819	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of New Registe	red Agent	
NUNN, MARY			(P.O. Poy Number in Not Acceptable)		
5288 BROOK CT		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32811					
		City		FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of	State	· ·· · -	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10. OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS		
TITLE P/D Tresident DI NAME NAME STREET ADDRESS CITY-ST-ZIP P/D Tresident DI Nary Nunn STREET ADDRESS CITY-ST-ZIP Orlando, FL	ourt	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition Change Addition Change Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	potion 110 07/2Vi) Elevido Cintulos Lituato	Change Addition	

indicated on this report or supplemental report is true and accurate and that my 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 empswered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: