## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000087414

Entity Name: SOUL PROVIDER, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
3491-S T⊢ #5	IOMASVILLE	ERD.				
	SSEE, FL 32	2309				
Current Mailing Address:			New Maili	New Mailing Address:		
3491-S THOMASVILLE RD.						
#5 TALLAHAS	SSEE, FL 32	2309				
FEI Number	: 47-0883137	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	l Address of	Current Registered Agent:	Name and	Address of	New Registered Agent:	
659 EARL: TALLAHA: The above		COURT 2312 US	ourpose of changing i	ts registered (	office or registered agent, or both,	
	e of Florida. 					
SIGNATU						
	Electr	onic Signature of Registered Age	ent		Date	
Election Car	mpaign Financ	ing Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	QUINN, JR., 0 659 EARLS S		Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	QUINN, FLOF 659 EARLS S		Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:		( ) Delete	Title: Name: Address: City-St-Zip:	VP ( GARRISON, P 10442 MERRI TALLAHASSEI	BROOK LANE	

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: GAYLE QUINN S 04/22/2009