

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000039310

Entity Name: FOLLOW HIS LEAD, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

1270 PALM COAST PKWY
PALM COAST, FL 32137

New Principal Place of Business:

160 CYPRESS POINT PARKWAY
#A214/215
PALM COAST, FL 32164

Current Mailing Address:

1270 PALM COAST PKWY
PALM COAST, FL 32137

New Mailing Address:

160 CYPRESS POINT PARKWAY
#A214/215
PALM COAST, FL 32164

FEI Number: 20-2400401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, SUZANNE
400 CANPOPY WALK LANE #442
PALM COAST, FL 32137 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: P () Delete
Name: CARTER, JAMES
Address: 1270 PALM COAST PKWY
City-St-Zip: PALM COAST, FL 32137

Title: VST () Delete
Name: CARTER, SUZANNE
Address: 1270 PALM COAST PKWY
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CARTER, JAMES
Address: 160 CYPRESS POINT PARKWAY #A214
City-St-Zip: PALM COAST, FL 32164

Title: VST (X) Change () Addition
Name: CARTER, SUZANNE
Address: 160 CYPRESS POINT PARKWAY #A214
City-St-Zip: PALM COAST, FL 32164

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: SUZANNE CARTER

VST

04/28/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date