

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000054227

FILED
Apr 30, 2009
Secretary of State

Entity Name: FAILURE TURNED INTO SUCCESS INCORPORATED.

Current Principal Place of Business:

6337 MONCRIEF RD W
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 205
GLEN MILLS, PA 19342

New Mailing Address:

783 MONTCLAIR DR
4
CLAYMONT, DE 19703

FEI Number: 20-2608346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, CLAUDE A
6337 MONCRIEF RD W
JACKSONVILLE, FL 32219 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: PST () Delete
Name: JONES, CLAUDE A
Address: P.O. BOX 205
City-St-Zip: GLEN MILLS, PA 19342

Title: VPAS () Delete
Name: WOODARD, HOPE
Address: P.O. BOX 205
City-St-Zip: GLEN MILLS, PA 19342

Title: CTB () Delete
Name: WOODARD, EMMORY SR
Address: P.O. BOX 205
City-St-Zip: GLEN MILLS, PA 19342

Title: CFO () Delete
Name: PEARSON, WILLIAM
Address: P.O. BOX 205
City-St-Zip: GLEN MILLS, PA 19342

Title: VPCA () Delete
Name: JOHNSON, JOHN CHAPLIN
Address: P.O. BOX 205
City-St-Zip: GLEN MILLS, PA 19342

Title: VPMS (X) Delete
Name: GRIFFITH, SHEILA
Address: P.O. BOX 205
City-St-Zip: GLEN MILLS, PA 19342

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: EXVP (X) Change () Addition
Name: WOODARD, HOPE
Address: P.O. BOX 205
City-St-Zip: GLEN MILLS, PA 19342

Title: COO (X) Change () Addition
Name: GARDENER, MARY
Address: P.O. BOX 205
City-St-Zip: GLEN MILLS, PA 19342

Title: VPKY (X) Change () Addition
Name: GRAHAM, NAPOLEON
Address: P.O. BOX 205
City-St-Zip: GLEN MILLS, PA 19342

Title: VPMS (X) Change () Addition
Name: GRIFFITH, SHEILA
Address: P.O. BOX 205
City-St-Zip: GLEN MILLS, PA 19342

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: CLAUDE A JONES

PCEO

04/30/2009

Electronic Signature of Signing Officer or Director

Date