2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29888

FILED Feb 25, 2009 Secretary of State

Entity Name: ARISE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

824 US HIGHWAY 1 SUITE 240 NORTH PALM BEACH, FL 33408

New Mailing Address: Current Mailing Address:

824 US HWY 1 STE 240 NORTH PALM BEACH, FL 33408

FEI Number: 59-2744449 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BENSON, EDMUND 243 HONÉYSUCKLE DR JUPITER, FL 33458

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete BENSON, EDMUND, BENSON, EDMUND F Name: Name:

243 HONEYSUCKLE DR Address: 243 HONEYSUCKLE DR Address: City-St-Zip: JUPITER, FL 334582843 City-St-Zip: JUPITER, FL 334582843

(X) Change () Addition Title: VSD () Delete Title: VSD

BENSON, EDMUND Name: BENSON, SUSAN J Name: Address: 243 HONEYSUCKLE DR Address: 243 HONEYSUCKLE DR City-St-Zip: JUPITER, FL 33458 City-St-Zip: JUPITER, FL 33458

Title: () Delete Title: () Change () Addition

ZEEGERS, BERT Name: Name: 1102 BETTON ROAD Address: Address: City-St-Zip: TALLAHASSEE, FL 33458 City-St-Zip:

Title: D () Delete Title: () Change () Addition

Name: GASANA, JANVIER Name: Address: 7642 N W 19 ST Address: City-St-Zip: PEMBROKE PINES, FL 33024 City-St-Zip:

Title: () Delete Title: () Change () Addition

STEINBERG, IRA Name: Name: 90 LEIF DRIVE Address: Address: City-St-Zip: CONGERS, NY 10920 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

BENSON, JANE BENSON, JANE Name: Name: Address: 108 CREEKS EDGE Address: 102 WEATHERHILL PT CHAPEL HILL, NC 27516 CARRBORO, NC 27516 City-St-Zip: 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDMUND F. BENSON PTD 02/25/2009