

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jun 24, 2008
Secretary of State**

DOCUMENT# F05000004292

Entity Name: FUTURE PROBLEM SOLVING PROGRAM INTERNATIONAL, INC.**Current Principal Place of Business:**2015 GRANT PLACE
MELBOURNE, FL 32901**New Principal Place of Business:****Current Mailing Address:**2015 GRANT PLACE
MELBOURNE, FL 32901**New Mailing Address:**

FEI Number: 42-1234706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:SOLOMON, MARIANNE
2015 GRANT PLACE
MELBOURNE, FL 32901 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**OFFICERS AND DIRECTORS:**Title: VS () Delete
Name: WOYTHAL, ELIZABETH D
Address: 9184 B 265TH STREET
City-St-Zip: CLEAR LAKE, IA 50428 USTitle: P () Delete
Name: WOGMAN, NANCY
Address: 52 COURT STREET
City-St-Zip: CROMWELL, CT 06416Title: T () Delete
Name: TATE, FARIMAE
Address: 1705 BURROUGHS ROAD
City-St-Zip: VIRGINIA BEACH, VA 23455**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change () Addition
Name: WOYTHAL, ELIZABETH D
Address: 9184 B 265TH STREET
City-St-Zip: CLEAR LAKE, IA 50428 USTitle: PE (X) Change () Addition
Name: ROGERS, CYD
Address: 901 NEAL STREET BLDG 4A
City-St-Zip: AUSTIN, TX 78702Title: T (X) Change () Addition
Name: TRAGESSEY, CAROLYN
Address: 4121 EUREKA RIDGE ROAD
City-St-Zip: OROFINO, ID 83544

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: MARIANNE SOLOMON

ED

06/24/2008

Electronic Signature of Signing Officer or Director_____
Date