

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001509

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: ENRICHMENT ENTERPRISES, INC.

**Current Principal Place of Business:**

482 E. ALTAMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

482 E. ALTAMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

FEI Number: 20-0788635

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STEVEN, HOFFMAN  
482 E. ALTAMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32701 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: P ( ) Delete  
Name: HOFFMAN, STEVEN  
Address: 482 E. ALTAMONTE DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete  
Name: THORNTON, DAVID  
Address: 888 BENTLEY GREEN  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete  
Name: WADE, ELIZABETH  
Address: 1052 SEMORAN BLVD  
City-St-Zip: CASSELBERRY, FL 32707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: THORNTON, DAVID  
Address: 1071 S. ROSELLE ROAD  
City-St-Zip: SCHAUMBURG, FL 60193

Title: D (X) Change ( ) Addition  
Name: WADE, ELIZABETH  
Address: 1052 SEMORAN  
City-St-Zip: CASSELBERRY, FL 32707

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: STEVE HOFFMAN

P

02/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date