2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007452

FILED Jan 17, 2008 Secretary of State

Entity Name: DEVELOPING MINDS FOUNDATION, CORPORATION

Name and Address of Current Registered Agent: HOUDARD, PHILIPPE T 934 MICHIGAN AVENUE 304 MIAMI BEACH, FL 33139 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or b in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date						
MAMI BEACH, FL 33139 US Current Mailing Address: New Mailing Address: New Mailing Address: New Mailing Address: New Mailing Address: Name and Address of Current Registered For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name and Address of Florical. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Address: SIGNATURE: OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Address: OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Address: OFFICERS AND DIRECTORS: Address: OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Address: OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Address: OFFICERS AND DIRECTORS: OFFICERS	Current F	Principal Place	of Business:	New Principal Place	of Business:	
Current Mailing Address: 334 MICHIGAN AVENUE 304 MIAMI BEACH, FL 33139 US FEI Number St-0591145 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: HOUDARD, PHILIPPE T 334 MICHIGAN AVENUE 304 MIAMI BEACH, FL 33139 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or b in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent		IIGAN AVENUE				
AMICHIGAN AVENUE 304 MIAMI BEACH, FL 33139 US FEI Number: 51-0591145 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: HOUDARD, PHILIPPE T 304 MIAMI BEACH, FL 33139 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or b in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date		ACH, FL 33139) US			
MIAMI BEACH, FL 33139 US FEI Number: 51-0591145 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: HOUDARD, PHILIPPE T 334 MICHIGAN AVENUE 304 MIAMI BEACH, FL 33139 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or b in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date	Current N	Mailing Addres	s:	New Mailing Address	s:	
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Name and Address of Current Registered Agent: HOUDARD, PHILIPPE T 3344 MICHIGAN AVENUE 304 MIAMI BEACH, FL 33139 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or b in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent		,				
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334 MICHIGAN AVENUE 304 MIAMI BEACH, FL 33139 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or b in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	Name and	d Address of C	urrent Registered Agent:	Name and Address o	f New Registered Agent:	
SIGNATURE: Electronic Signature of Registered Agent	934 MICH 304	IIĞAN AVENUE				
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTITIE: P () Delete Name: HOUDARD, PHILIPPE T Address: 934 MICHIGAN AVENUE, UNIT 304 City-St-Zip: MIAMI BEACH, FL 33139 US Title: D () Delete Name: MEHRINGER, CHRIS Address: 10 NW 35TH STREET City-St-Zip: MIAMI, FL 33127 Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: MIAMI, FL 33127 Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: 2818 COCONUT AVE #2818 City-St-Zip: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 33133 Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: MOHAN, JOSEPH Name: MOHAN, JOSEPH Name: MOHAN, JOSEPH Address: 4184 GRANDCHAMP CIRCLE			submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTILLS Title: P () Delete Name: HOUDARD, PHILIPPE T Address: 934 MICHIGAN AVENUE, UNIT 304 City-St-Zip: MIAMI BEACH, FL 33139 US Title: D () Delete Title: () Change () Addition Name: MEHRINGER, CHRIS Name: Address: 10 NW 35TH STREET City-St-Zip: MIAMI, FL 33127 Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: MIAMI, FL 33127 Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 33133 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address:	SIGNATU	IRE:				
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Name: HOUDARD, PHILIPPE T Address: 934 MICHIGAN AVENUE, UNIT 304 City-St-Zip: MIAMI BEACH, FL 33139 US City-St-Zip: MIAMI BEACH, FL 33139 US City-St-Zip: MIAMI BEACH, FL 33139 US Title: D () Delete Name: MEHRINGER, CHRIS Address: 10 NW 35TH STREET Address: Oity-St-Zip: MIAMI, FL 33127 City-St-Zip: MIAMI, FL 33127 City-St-Zip: MIAMI, FL 33127 Title: D () Delete Title: () Change () Addition Name: SCHWARTZ, TADD Name: SCHWARTZ, TADD Address: 2818 COCONUT AVE #2818 City-St-Zip: MIAMI, FL 33133 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 33133	OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
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	Name: Address:	MOHAN, JOSEF	PH	Name:	() Change () Addition	

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: PHILIPPE HOUDARD PRES 01/17/2008