

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007452

FILED
Mar 28, 2009
Secretary of State

Entity Name: DEVELOPING MINDS FOUNDATION, CORPORATION

Current Principal Place of Business:

934 MICHIGAN AVENUE
304
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

934 MICHIGAN AVENUE
304
MIAMI BEACH, FL 33139 US

New Mailing Address:

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
934 MICHIGAN AVENUE
304
MIAMI BEACH, FL 33139 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: 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
Name: SCHWARTZ, TADD
Address: 2818 COCONUT AVE #2818
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: MOHAN, JOSEPH
Address: 4184 GRANDCHAMP CIRCLE
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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

03/28/2009

Electronic Signature of Signing Officer or Director

_____ Date