

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003072

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** EXCEPTIONAL EDUCATION OUTREACH, INC.

**Current Principal Place of Business:**

720 NE 69TH STREET  
APT 15W  
MIAMI, FL 33138 US

**New Principal Place of Business:**

**Current Mailing Address:**

720 NE 69TH STREET  
15W  
MIAMI, FL 33138 US

**New Mailing Address:**

**FEI Number:** 30-0070498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUDEPOHL, LANG L MRS.  
720 NE 69TH STREET  
15W  
MIAMI, FL 33138 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: MRS. ( ) Delete  
Name: HUDEPOHL, LANG L MRS.  
Address: 720 NE 69TH STREET  
City-St-Zip: MIAMI, FL 33138 US

Title: MS. ( ) Delete  
Name: FINCHER, JANE  
Address: 720 NE 69TH STREET  
City-St-Zip: MIAMI, FL 33138 US

Title: MS. ( ) Delete  
Name: COSGRIFF, KARLA  
Address: 720 NE 69TH STREET APT15W  
City-St-Zip: MIAMI, FL 33138 US

Title: MR. ( ) Delete  
Name: VLASOV, PETER  
Address: 248 WASHINGTON AVE  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MR. ( ) Delete  
Name: BROWNING, NATHAN  
Address: 248 WASHINGTON AVE  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MS. ( ) Delete  
Name: EASTON, ELIZABETH  
Address: 590 W 49TH ST  
City-St-Zip: MIAMI BEACH, FL 33140 US

**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:

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: LANG HUDEPOHL

MRS

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date