

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004201

Entity Name: ALTERNATIVE EDUCATION INSTITUTE, INC.

Current Principal Place of Business:

5071 DAVIE ROAD
DAVIE, FL 33314

Current Mailing Address:

5071 DAVIE ROAD
DAVIE, FL 33314

FEI Number: 65-1157306

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SALLOP, KRISTA
5071 DAVIE ROAD
DAVIE, FL 33314 US

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

Officer/Director Detail :

Title D
Name SALLOP, KRISTA M
Address 5071 DAVIE ROAD
City-State-Zip: DAVIE FL 33314

I hereby 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 all other like empowered.

SIGNATURE: KRISTA SALLOP

DIRECTOR

04/29/2014

Electronic Signature of Signing Officer/Director Detail

Date