

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002243

FILED  
Apr 13, 2011  
Secretary of State

**Entity Name:** BURNETT INTERNATIONAL UNIVERSITY, INC.

**Current Principal Place of Business:**

412 # ROUTE DE DELMAS # 412  
DELMAS, HAITI, WI W.I. OC

**New Principal Place of Business:**

**Current Mailing Address:**

6388 SQUIREWOOD WAY  
LAKE WORTH, FL 33467

**New Mailing Address:**

1903 SOUTH CONGRESS AVENUE  
200  
BOYNTON BEACH, FL 33426

**FEI Number:** 98-0434817

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MOISE, FR BURNET REV  
6388 SQUIREWOOD WAY  
LAKE WORTH, FL 33467 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:** DCP  
**Name:** MOISE, FR BURNET REV  
**Address:** 6388 SQUIREWOOD WAY  
**City-St-Zip:** LAKE WORTH, FL 33467

**Title:** DVCV  
**Name:** ST LOUIS, CARLINE MD  
**Address:** 6388 SQUIREWOOD WAY  
**City-St-Zip:** LAKE WORTH, FL 33467

**Title:** S  
**Name:** RICHARDSON, YOLEX  
**Address:** 4471 NW 106TH AVE  
**City-St-Zip:** CORAL SPRINGS, FL 33065

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** BURNET MOISE

DCP

04/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date