2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2009
Secretary of State

DOCUMENT# F08000000153

Entity Name: THINK INSTITUTE, INC.

Current Principal Place of Business:

18090 COLLINS AVE.
T-17, 133
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

18090 COLLINS AVE.
T-17, 133
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

FEI Number: 02-6138097 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
320 SOUTH FLEMINGO #347
PEMBROKE PINES, FL 33027 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CHRM ( ) Delete
Name: BUNKE, JADE
Address: 18090 COLLINS AVE. T-17, 133
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: PVST ( ) Delete
Name: BUNKE, JADE
Address: 18090 COLLINS AVE. T-17, 133
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VCHR ( ) Delete
Name: BUNKE, JADE
Address: 18090 COLLINS AVE. T-17, 133
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: D ( ) Delete
Name: BUNKE, JADE
Address: 18090 COLLINS AVE. T-17, 133
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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

SIGNATURE: JADE BUNKE CEO 08/25/2009

Electronic Signature of Signing Officer or Director Date