

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K01795

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** INSTRUCTIONAL TECHNOLOGIES, INC.

**Current Principal Place of Business:**

1067 LOGGERHEAD LANE  
SUGARLOAF KEY, FL 33042 US

**New Principal Place of Business:**

615 W. SHORE DRIVE  
SUMMERLAND KEY, FL 33042 US

**Current Mailing Address:**

1067 LOGGERHEAD LANE  
SUGARLOAF KEY, FL 33042 US

**New Mailing Address:**

615 W. SHORE DRIVE  
SUMMERLAND KEY, FL 33042 US

**FEI Number:** 65-0014358

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRYLSKE, ALEXANDER F  
1067 LOGGERHEAD LANE  
SUGARLOAF KEY, FL 33042 US

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

BRYLSKE, ALEXANDER F  
615 W. SHORE DRIVE  
SUMMERLAND KEY, FL 33042 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:** ALEXANDER F. BRYLSKE

01/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BRYLSKE, ALEXANDER  
**Address:** 615 W. SHORE DR.  
**City-St-Zip:** SUMMERLAND KEY, FL 33042 US

**Title:** ST  
**Name:** STREET, DEBORAH  
**Address:** 615 W. SHORE DR.  
**City-St-Zip:** SUMMERLAND KEY, FL 33042 US

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:** ALEXANDER F. BRYLSKE

P

01/05/2011

Electronic Signature of Signing Officer or Director

Date