2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L06000010944

Entity Name: S2 INSTITUTE ORLANDO, LLC

Current Principal Place of Business:

1064 SR 436
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

1261 S. MISSOURI AVENUE
CLEARWATER, FL 33756 US

New Mailing Address:

FEI Number: 26-0701124 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWOPE, SCOTT P J.D.
2450 SUNSET POINT ROAD
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

RICHARDS, JAMES K CPA
1261 S. MISSOURI AVENUE
CLEARWATER, FL 33756 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: JAMES K. RICHARDS 04/27/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: THE SAFETY & INTELLIGENCE INSTITUTE, INC.
Address: 1261 S. MISSOURI AVENUE
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGR ( ) Delete
Name: SCHOEPF, WILLIAM R
Address: 1261 S. MISSOURI AVE.
City-St-Zip: CLEARWATER, FL 33756 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: POULIN, KARL C
Address: 1261 S. MISSOURI AVE.
City-St-Zip: CLEARWATER, FL 33756 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KARL C. POULIN MGR 04/27/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date