

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001541

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: THE MITIGATION INSTITUTE, INC.

## Current Principal Place of Business:

3215 NW 10 TERRACE  
SUITE 209  
FORT LAUDERDALE, FL 33309

## New Principal Place of Business:

## Current Mailing Address:

3215 NW 10 TERRACE  
SUITE 209  
FORT LAUDERDALE, FL 33309

## New Mailing Address:

FEI Number: 65-0993536

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TEDRICK, MICHELE  
3215 NW 10TH TERRACE  
SUITE 209  
FORT LAUDERDALE, FL 33309 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: VTD ( ) Delete  
Name: MILLER, ROBERT H  
Address: 3215 NW 10TH TERRACE SUITE 209  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: PD ( ) Delete  
Name: JOHN, DAVID L  
Address: 3215 NW 10 TERRACE SUITE 209  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: SD ( ) Delete  
Name: PLATT, GEORGE I  
Address: 3215 NW 10 TERRACE SUITE 209  
City-St-Zip: FORT LAUDERDALE, FL 33309

## 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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID LEWIS JOHN

P

04/28/2005

Electronic Signature of Signing Officer or Director

Date