

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004070

FILED
Feb 19, 2009
Secretary of State

Entity Name: CEERI, INC.

Current Principal Place of Business:

832 NE 26TH STREET
WILTON MANORS, FL 33305

New Principal Place of Business:

Current Mailing Address:

832 NE 26TH STREET
WILTON MANORS, FL 33305

New Mailing Address:

FEI Number: 65-1039031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENGLE, SUSAN M
2756 OAK TREE LANE
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: D () Delete
Name: SULLIVAN, GEORGE
Address: 101 TANASI VIEW PLACE
City-St-Zip: LONDON, TN 37774

Title: D () Delete
Name: PORTER, SCOTT
Address: 2200 W. MONROE ST.M P.O BOX 1003
City-St-Zip: DECATUR, IN 46733

Title: D () Delete
Name: ENGLE, SUSAN
Address: 2756 OAKTREE LANE
City-St-Zip: OAKLAND PARK, 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN ENGLE

D

02/19/2009

Electronic Signature of Signing Officer or Director

Date