2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007999

Entity Name: TIEN TAO INSTITUTE, INC.

FILED Apr 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1249 HOLDEN AVE. ORLANDO, FL 32839 **Current Mailing Address: New Mailing Address:** 1249 HOLDEN AVE 1249 HOLDEN AVE ORLANDO, FL 32839 ORLANDO, FL 32839 FEI Number: 59-3709999 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHAN, ERIC CHAN, ERIC 10193 BRANDCON CIR 10193 BRANDCON CIR 32836, FL 32824 ORLANDO, FL 32836 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: 04/25/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LEE, HOWARD Name: Name: 2039 ROSLYN LN Address: Address: LAKELAND, FL 33813 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition LEE, PETER Name: Name: Address: 926 BEACH BREZE DR Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: Title: () Delete Title: () Change () Addition CHAN, ERIC A Name: Name: 10193 BRANDON CIR Address: Address: City-St-Zip: ORLANDO, FL 32836 City-St-Zip: Title: () Delete Title: () Change () Addition Name: UNG. YIN TIV Name: 5420 GAMBIER CT Address: Address: ORLANDO, FL 32839 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition KING, GRACE Name: Name: 620 N PALM AVE Address: Address: KISSIMMEE, FL 34741 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition MAA, CHI K MAA. TZYH CHANG Name: Name: Address: 1249 HOLDEN AVE Address: 1331 SASSAFRAS AVE ALTAMONTE SPRINGS, FL 32714 ORLANDO, FL 32839 City-St-Zip: 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: PETER LEE D 04/25/2009