

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00086

FILED
Apr 27, 2009
Secretary of State

Entity Name: THE HUMANITIES EXCHANGE, INC.

Current Principal Place of Business:

2840 WEST BAY DRIVE
SUITE # 250
BELLEAIR BLUFFS, FL 33770 US

New Principal Place of Business:

Current Mailing Address:

2840 WEST BAY DRIVE
SUITE # 250
BELLEAIR BLUFFS, FL 33770 US

New Mailing Address:

FEI Number: 59-2364930 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOLSON, WILLIAM M., ESQUIRE
1230 S. MYRTLE AVE.
STE 105
CLEARWATER, FL 34616 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: PD () Delete
Name: HOWARTH, SHIRLEY R PRES.
Address: 2840 WEST BAY DRIVE, # 250
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: STD () Delete
Name: EUSTACE, JOSEPH G
Address: 100 BLUFF VIEW
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: D () Delete
Name: BRIGGS, FRAN
Address: 158 CYPRESS LANE WEST
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change () Addition
Name: EUSTACE, JOSEPH G
Address: 2840 WEST BAY DRIVE, # 250
City-St-Zip: BELLEAIR BLUFFS, FL 33770

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: SHIRLEY REIFF HOWARTH

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date