2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N01000008232

Entity Name: SCIENCE INSTITUTE OF DISCOVERY, INC.

Current Principal Place of Business:

8710 64TH AVENUE
WABASSO, FL 32970

New Principal Place of Business:

Current Mailing Address:

4125 61ST AVENUE
VERO BEACH, FL 32967

New Mailing Address:

FEI Number: 65-1155338 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INGRAM, SPENCER
118 SALEM CT.
TALLAHASSEE, FL 32301 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: DIRE ( ) Delete
Name: BAILEY, TOM
Address: 355 EUGENIA RD.
City-St-Zip: VERO BEACH, FL 32963

Title: DIRE ( ) Delete
Name: WISSEL, CARLA
Address: 4615 4TH ST.
City-St-Zip: VERO BEACH, FL 32968

Title: TREA ( ) Delete
Name: SENGUPTA, MONTY
Address: 1060 WINDSONG WAY
City-St-Zip: VERO BEACH, FL 32963

Title: PRES ( ) Delete
Name: INGRAM, MARGARET A
Address: 4125 61ST
City-St-Zip: VERO BEACH, FL 32967

Title: V.PR ( ) Delete
Name: CHELLEMI, DAN
Address: 2176 SW 16TH AVE
City-St-Zip: VERO BEACH, FL 32962

Title: DIR ( ) Delete
Name: STARLING, SHAWN
Address: 1055 13TH ST. S.W.
City-St-Zip: VERO BEACH, FL 32962

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:

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

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

Title: DIR (X) Change ( ) Addition
Name: STARLING, SHAWN
Address: 461 CHALOUPE TERRACE
City-St-Zip: SEBASTIAN, FL 32958

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: MARGARET INGRAM ED 04/30/2009

Electronic Signature of Signing Officer or Director — Date