

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008374

FILED
Apr 26, 2009
Secretary of State

Entity Name: QUETZALCOATL THEOCALLI INC.

Current Principal Place of Business:

105 EAST CARROL STREET
KISSIMMEE, FL 34744

New Principal Place of Business:

105 EAST CARROLL STREET
KISSIMMEE, FL 34744

Current Mailing Address:

4925 PARK VIEW DR
SAINT CLOUD, FL 34771 US

New Mailing Address:

FEI Number: 59-3749784 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, JORGE A
4925 PARK VIEW DRIVE
SAINT CLOUD, FL 34771 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: PEREZ, JORGE A
Address: 4925 PARK VIEW DRIVE
City-St-Zip: SAINT CLOUD, FL 34771

Title: D () Delete
Name: ALVAREZ, RAFAEL
Address: 4925 PARK VIEW DRIVE
City-St-Zip: SAINT CLOUD, FL 34771

Title: D () Delete
Name: VALADEZ, ELIANNE
Address: 4925 PARK VIEW DRIVE
City-St-Zip: SAINT CLOUD, FL 34771

Title: ST () Delete
Name: OGUERDO, IVONNE
Address: 4925 PARK VIEW DR
City-St-Zip: SAINT CLOUD, FL 34771

Title: () Delete
Name:
Address:
City-St-Zip:

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: TR (X) Change () Addition
Name: OGUENDO, IVONNE
Address: 4925 PARK VIEW DR
City-St-Zip: SAINT CLOUD, FL 34771

Title: SEC () Change (X) Addition
Name: VALADEZ, ELIANNE
Address: 4925 PARK VIEW DR
City-St-Zip: SAINT CLOUD, FL 34771

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: RAFAEL ALVAREZ

DR

04/26/2009

Electronic Signature of Signing Officer or Director

Date