2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008574

Entity Name: DORMAY LEARNING INSTITUTE, INCORPORATED

FILED Sep 04, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11845 S.W. 103 LANE MIAMI, FL 33186 **Current Mailing Address: New Mailing Address:** PO BOX 165618 MIAMI, FL 33116 FEI Number: 26-0002297 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WARNER-BENSON, DOROTHY PH.D. WARNER-BENSON, DOROTHY PH. D 11845 S.W. 103 LANE 11845 S.W. 103 LANE MIAMI, FL 33186 MIAMI, FL 33186 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: DOROTHY WARNER-BENSON 09/04/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete WARNER-BENSON, DOROTHY PH.D. WARNER-BENSON, DOROTHY PH. D. Name: Name: 11845 S.W. 103 LANE Address: 11845 S.W. 103 LANE Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186 Title: () Delete Title: () Change () Addition Name: BENSON, OLIVIA SHIRLEY Name: Address: 13115 S.W. 24TH ST. Address: City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: Title: () Delete Title: (X) Change () Addition WARNER-BENSON, DORTHY Name: WARNER-BENSON, DOROTHY Name: 11845 S.W. 103 LANE 11845 S.W. 103 LANE Address: Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186 Title: () Delete Title: (X) Change () Addition NORVILLE, MILTON Name: Name: BENSON, LUIS Address: 15800 N.W. 42ND AVE. Address: 11845 S. W. 103 LANE. City-St-Zip: MIAMI, FL 33054 City-St-Zip: MIAMI, FL 33186 Title: Title: () Delete () Change () Addition MORROW, SYLVIA Name: Name: 1031 N.W. LITTLE RIVER DRIVE Address: Address: City-St-Zip: MIAMI, FL 33150 City-St-Zip: Title: () Delete Title: () Change () Addition MARSHALL, MATTIE Name: Name: Address: POST OFFICE BOX 470732 Address: MIAMI, FL 33147 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: DOROHTY WARNER-BENSON P 09/04/2007