

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002788

Entity Name: H O T C INSTITUTE, INC.

FILED
Mar 25, 2004
Secretary of State**Current Principal Place of Business:**2806 NAVAJO DRIVE
FORT PIERCE, FL 34946**New Principal Place of Business:****Current Mailing Address:**3900 NW 76 AVE
103
SUNRISE, FL 33351**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:JOHNSON, CAROL
3900 NW 76 AVE
STE 103
SUNRISE, FL 33351**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: BARROW, KERRY
Address: 8210 CLEARY BLVD., APT 2104
City-St-Zip: PLANTATION, FL 33324Title: D () Delete
Name: SAUNDERS, KEN-EARL
Address: 5633 N W 106TH WAY
City-St-Zip: CORAL SPRINGS, FL 33076Title: D () Delete
Name: THREAT, BRENDA
Address: 11531 SW 109 RD #42
City-St-Zip: MIAMI, FL 33176**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BARROW KERRY

D

03/25/2004

Electronic Signature of Signing Officer or Director

Date