

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002788

FILED  
Apr 12, 2006  
Secretary of State

Entity Name: H O T C INSTITUTE, INC.

## Current Principal Place of Business:

2806 NAVAJO DRIVE  
FORT PIERCE, FL 34946

## New Principal Place of Business:

18441 NW 2ND AVENUE  
SUITE 300  
MIAMI, FL 33169

## Current Mailing Address:

3900 NW 76 AVE  
103  
SUNRISE, FL 33351

## New Mailing Address:

18441 NW 2ND AVE  
SUITE 300  
MIAMI, FL 33169

FEI Number: 01-0677103

FEI Number Applied For ( )

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 US

## Name and Address of New Registered Agent:

JOHNSON, CAROL  
18441 NW 2ND AVE  
SUITE 300  
MIAMI, FL 33169 US

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: CAROL JOHNSON

04/12/2006

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 33324

Title: D ( ) Delete  
Name: SAUNDERS, KEN-EARL  
Address: 5633 N W 106TH WAY  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: 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 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: KERRY BARROW

D

04/12/2006

Electronic Signature of Signing Officer or Director

Date