2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N02000003072

Entity Name: EXCEPTIONAL EDUCATION OUTREACH, INC.

Current Principal Place of Business:

720 NE 69TH STREET
APT 15W
MIAMI, FL 33138 US

New Principal Place of Business:

Current Mailing Address:

720 NE 69TH STREET
15W
MIAMI, FL 33138 US

New Mailing Address:

FEI Number: 30-0070498 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUDEPOHL, LANG L MRS.
720 NE 69TH STREET
15W
MIAMI, FL 33138 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:	MRS.	( ) Delete
Name:	HUDEPOHL, LANG L MRS.	
Address:	720 NE 69TH STREET	
City-St-Zip:	MIAMI, FL 33138 US	
Title:	MS.	( ) Delete
Name:	FINCHER, JANE	
Address:	720 NE 69TH STREET	
City-St-Zip:	MIAMI, FL 33138 US	
Title:	MS.	( ) Delete
Name:	COSGRIFF, KARLA	
Address:	720 NE 69TH STREET APT15W	
City-St-Zip:	MIAMI, FL 33138 US	
Title:	MR.	( ) Delete
Name:	VLASOV, PETER	
Address:	248 WASHINGTON AVE	
City-St-Zip:	MIAMI BEACH, FL 33139 US	
Title:	MR.	( ) Delete
Name:	BROWNING, NATHAN	
Address:	248 WASHINGTON AVE	
City-St-Zip:	MIAMI BEACH, FL 33139 US	
Title:	MS.	( ) Delete
Name:	EASTON, ELIZABETH	
Address:	590 W 49TH ST	
City-St-Zip:	MIAMI BEACH, FL 33140 US	

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:	( ) Change ( ) Addition
Name:	
Address:	
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: LANG HUDEPOHL MRS 04/16/2009

Electronic Signature of Signing Officer or Director — Date