2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# N03000009126

Entity Name: THE INSTITUTE FOR LIFE-LONG LEARNING & WORKFORCE INNOVATION OF FLORIDA, INC.

Current Principal Place of Business:

609 N.W. 8TH AVENUE
SUITE F
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

609 N.W. 8TH AVENUE
SUITE F
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 56-2410521 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHNSON, TONY D
609 NW 8TH AVE
POMPANO BEACH, FL 330605829 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: CEO ( ) Delete
Name: JOHNSON, TONY D
Address: 609 N.W. 8TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: D ( ) Delete
Name: LAMPKIN, LATARA DR
Address: 609 N.W. 8TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: D ( ) Delete
Name: MACDONALD, VICTORIA DR
Address: 609 N.W. 8TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: D ( ) Delete
Name: DOSTER, JENNIFER
Address: 609 N.W. 8TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: D ( ) Delete
Name: MITCHELL, KIM
Address: 609 N.W. 8TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: D ( ) Delete
Name: SANDIFER, MARCUS
Address: 609 N.W. 8TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

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: TONY D. JOHNSON CEO 02/12/2009

Electronic Signature of Signing Officer or Director — Date