

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009486

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** THEINSTRUCTORLINK ORGANIZATION, INC.

**Current Principal Place of Business:**

11740 SW 119TH TERRACE  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 960635  
MIAMI, FL 33296 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **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:**

ADAM, LUCIEN MR.  
11740 SW 119TH TERRACE  
MIAMI, FL 33186 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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR. ( ) Delete  
Name: ABDULLAHI, SADIQ A PRES.  
Address: 10940 SW 12TH TERRACE, APT. # 203  
City-St-Zip: MIAMI, FL 33174 US

Title: MS. ( ) Delete  
Name: LEVASSEUR, MARIE-ANGE SECR.  
Address: P.O. BOX 960635  
City-St-Zip: MIAMI, FL 33296 US

Title: MR. ( ) Delete  
Name: GUILBAUD, PANTALEON TREAS.  
Address: 10621 SW 138TH STREET  
City-St-Zip: MIAMI, FL 33176 US

Title: MR. ( ) Delete  
Name: PRANO, FRANK V-PRES.  
Address: 20652 SW 84TH AVENUE  
City-St-Zip: MIAMI, FL 33189 US

Title: MR. ( ) Delete  
Name: ADAM, LUCIEN V-PRES.  
Address: 11740 SW 119TH TERRACE  
City-St-Zip: MIAMI, FL 33186 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:

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: LUCIEN ADAM

MR.

05/01/2006

Electronic Signature of Signing Officer or Director

Date