

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 22, 2009
Secretary of State

DOCUMENT# N04000001509

Entity Name: ENRICHMENT ENTERPRISES, INC.**Current Principal Place of Business:**482 E. ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FL 32701**New Principal Place of Business:****Current Mailing Address:**482 E. ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FL 32701 US**New Mailing Address:**288 E. RANNEY AVENUE
VERNON HILLS, IL 60061 US**FEI Number:** 20-0788635**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**STEVEN, HOFFMAN
482 E. ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FL 32701 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:** P () Delete
Name: HOFFMAN, STEVEN
Address: 482 E. ALTAMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701**Title:** D () Delete
Name: THORNTON, DAVID
Address: 1071 S. ROSELLE ROAD
City-St-Zip: SCHAUMBURG, FL 60193**Title:** D () Delete
Name: WADE, ELIZABETH
Address: 1052 SEMORAN
City-St-Zip: CASSELBERRY, FL 32707**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: KING, ROBYN
Address: 482 E. ALTAMONTE DRIVE, SUITE 1009
City-St-Zip: ALTAMONTE SPRINGS, FL 32701**Title:** D (X) Change () Addition
Name: CHUTTKE, DIANA
Address: 1071 S. ROSELLE ROAD
City-St-Zip: SCHAUMBURG, IL 60193

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: STEVEN HOFFMAN

PRES

11/22/2009

Electronic Signature of Signing Officer or Director

Date