2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2007
Secretary of State

DOCUMENT# N04000008900

Entity Name: THE MEMORY LOSS PREVENTION & RECOVERY INSTITUTE, INC.

Current Principal Place of Business:

6679 MID SUMMER LANE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

6679 MID SUMMER LANE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 20-1664768 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOYCE, JILL
6679 MID SUMMER LANE
SANFORD, FL 32771 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: DR ( ) Delete
Name: JOYCE, JILL
Address: 6679 MID SUMMER LANE
City-St-Zip: SANFORD, FL 32771

Title: VP ( ) Delete
Name: ROIG, LIDIA
Address: 16711 COLLINS AVE., #203
City-St-Zip: SUNNY ISLES, FL 33160

Title: VP ( ) Delete
Name: HERNANDEZ, GISELA
Address: 17971 BISCAYNE BLVD., SUITE 102
City-St-Zip: AVENTURA, FL 33160

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: JILL JOYCE DR 02/04/2007

Electronic Signature of Signing Officer or Director — Date