2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010184

Address:

City-St-Zip:

11112 NW 38TH PL

SUNRISE, FL 33351

FILED Jul 16, 2006 Secretary of State

| Entity Nar | me: INDUCTIVE STRATEGIES, INC. | | | |
|---|---|---|--|--|
| Current Principal Place of Business: | | New Principal Place of Business: | | |
| 11112 NW SUNRISE, | | 410 NW 19 TERRACE MIAMI, FL 33110 | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 11112 NW SUNRISE, | | P.O. BOX 451754 SUNRISE, FL 33345 | | |
| In accordan | : 20-1858461 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the corporation d | | | |
| Name and | I Address of Current Registered Agent | : Name and Address of New Registered Agent: | | |
| ARSCOTT 11112 NW SUNRISE, | | | | |
| | e of Florida. | he purpose of changing its registered office or registered agent, or bo Agent Date | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D () Delete ARSCOTT, ALESHA 8200 NW 80 ST TAMARAC, FL 33321 | Title: () Change () Addition Name: Address: City-St-Zip: | | |
| Title: Name: Address: City-St-Zip: | D () Delete BRATHWAITE, ERTHA 1579 MAIN ST EAST HARTFORD, CT 06108 | Title: D (X) Change () Addition Name: BRATHWAITE, ERTHA Address: 8000 NOB HILL ROAD # 303 City-St-Zip: TAMARAC, FL 33321 | | |
| Title: Name: Address: City-St-Zip: | D () Delete BROWN, SHARON 1021 SW 96TH AVE PEMBROKE PINES, FL 33025 | Title: () Change () Addition Name: Address: City-St-Zip: | | |
| Title: Name: | EX. () Delete ARSCOTT-DOUGLAS, CHELSA | Title: () Change () Addition Name: | | |

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.

Address:

City-St-Zip:

SIGNATURE: CHELSA ARSCOTT-DOUGLAS EX D 07/16/2006