

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010184

FILED
Jul 10, 2008
Secretary of State

Entity Name: INDUCTIVE STRATEGIES, INC.

Current Principal Place of Business:

410 NW 19 TERRACE
MIAMI, FL 33110

New Principal Place of Business:

2900 NW 125 AVENUE
422
SUNRISE, FL 33325

Current Mailing Address:

P.O. BOX 451754
SUNRISE, FL 33345

New Mailing Address:

FEI Number: 20-1858461 FEI Number Applied For () 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:

ARSCOTT-DOUGLAS, CHELSA
410 NW 19 PLACE
MIAMI, FL 33136 US

Name and Address of New Registered Agent:

ARSCOTT, CHELSA
2900 NW 125 AVENUE
422
SUNRISE, FL 33325 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: CHELSA ARSCOTT

07/10/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARSCOTT, ALESHA
Address: 8200 NW 80 ST
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: BRATHWAITE, ERTHA
Address: 8000 NOB HILL ROAD # 303
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: BROWN, SHARON
Address: 1021 SW 96TH AVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: EX. () Delete
Name: ARSCOTT-DOUGLAS, CHELSA
Address: 410 NW 19 TERRACE
City-St-Zip: MIAMI, FL 33136

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: EX. (X) Change () Addition
Name: ARSCOTT, CHELSA
Address: 2900 NW 125 AVENUE UNIT 422
City-St-Zip: SUNRISE, FL 33325

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: CHELSA ARSCOTT

EX D

07/10/2008

Electronic Signature of Signing Officer or Director

Date