

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010184

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: INDUCTIVE STRATEGIES, INC.

## Current Principal Place of Business:

2900 NW 125 AVENUE  
422  
SUNRISE, FL 33325

## New Principal Place of Business:

## 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 ( )

## Name and Address of Current Registered Agent:

ARSCOTT, CHELSA  
2900 NW 125 AVENUE  
422  
SUNRISE, FL 33325 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: 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, CHELSA  
Address: 2900 NW 125 AVENUE UNIT 422  
City-St-Zip: SUNRISE, FL 33325

## 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:

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

PRES

03/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date