
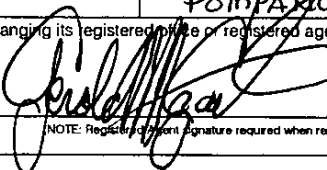
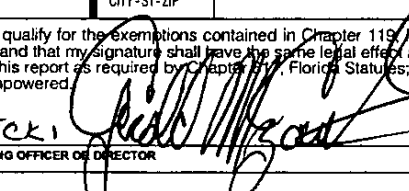


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 12 PM 12:30

DOCUMENT # N04000011475 1. Entity Name NATIONAL LEADERSHIP INSTITUTE, INC.					
Principal Place of Business 225 NE MIZNER BLVD. #300 BOCA RATON, FL 33432 US			Mailing Address 225 NE MIZNER BLVD. #300 BOCA RATON, FL 33432 US		
2. Principal Place of Business - No P.O. Box # 2001 WEST SAMPLE ROAD		3. Mailing Address 2561 CORDOBA BEND			
Suite, Apt. #, etc. SUITE 101		Suite, Apt. #, etc. 			
City & State POMPANO BEACH, FL		City & State WESTON, FL			
Zip 33064		Country USA		Zip 33327	
Country USA		4. FEI Number 20-2051262			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CZARNECKI, GERALD M 225 NE MIZNER BLVD. # 300 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name 		
Street Address (P.O. Box Number is Not Acceptable) 2001 WEST SAMPLE ROAD			Suite, Apt. #, etc. SUITE 101		
City POMPANO BEACH			State FL		Zip Code 33064
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE GERALD M. CZARNECKI  05/05/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CZARNECKI, GERALD M 225 NE MIZNER BLVD. BOCA RATON, FL 33432 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2001 WEST SAMPLE ROAD, SUITE 101 POMPANO BEACH, FL 33064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T CAROLYN CHIN 3100 N.E. 48th STREET, PH 12 FORT LAUDERDALE, FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T DAVID DANOVITCH 600 LEXINGTON AVENUE, 9th FLOOR NEW YORK, NY 10022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T JEFFREY D. MAMORSKY 200 PARK AVENUE NEW YORK, NY 10166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100130679401 06/03/08--01023--013 **61.25	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 119, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: GERALD M. CZARNECKI  4-7-08 5613067497 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

5/15/08