2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N05000001238

Entity Name: VIRTUAL MENTOR, INC.

Current Principal Place of Business:

6967 AUGUSTA BLVD.
SEMINOLE, FL 33777

New Principal Place of Business:

Current Mailing Address:

1601 HIGHLAND CLUB LANE
PALM HARBOR, FL 34624

New Mailing Address:

FEI Number: 20-2819603 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEINMETZ, KAREN L
5455 4TH ST NORTH
ST PETERSBURG, FL 33703 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:	PD	( ) Delete
Name:	DAVIS, SCOTT	
Address:	1601 HIGHLAND CLUB LANE	
City-St-Zip:	PALM HARBOR, FL 34684	
Title:	VD	( ) Delete
Name:	ERIKSEN, JOHN	
Address:	9001 BLIND PASS RD	
City-St-Zip:	ST PETE BEACH, FL 33706	
Title:	TD	( ) Delete
Name:	SCOTT, JIM	
Address:	6967 AUGUSTA BLVD	
City-St-Zip:	SEMINOLE, FL 33777	
Title:	SD	( ) Delete
Name:	SWALES, BILL	
Address:	540 20TH AVE	
City-St-Zip:	INDIAN ROCKS BEACH, FL 33710	
Title:	D	( ) Delete
Name:	STEPHEN, SMALL	
Address:	483 20TH AVE	
City-St-Zip:	INDIAN ROCKS BEACH, FL 33785	

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:	
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: SCOTT DAVIS PRES 04/14/2009

Electronic Signature of Signing Officer or Director — Date