

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011098

FILED
Mar 26, 2006
Secretary of State

Entity Name: THE MENTORING SOLUTION, INC.

Current Principal Place of Business:

1999 W. COLONIAL DR.
SUITE 210
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

1999 W. COLONIAL DR.
SUITE 210
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 20-3689274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRAKE, TABITHA
137 KILLINGTON WAY
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

DRAKE, TABITHA
323 TOWER POINT CIRCLE
LAKE WALES, FL 33859 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: TABITHA DRAKE

03/26/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RICHARDSON, BARBARA
Address: 323 TOWER POINT CIRCLE
City-St-Zip: LAKES WALES, FL 33853

Title: D () Delete
Name: NAPPER, PAULETTE
Address: 102 LANDINGS WAY, 4H
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: PERIERRA, JOEANNA
Address: 1533 DEMING DR
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: MANGHAM, VONZELLA
Address: 5004 BRIAR OAKS CIRCLE
City-St-Zip: ORLANDO, FL 32808

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: RICHARDSON, BARBARA
Address: 323 TOWER POINT CIRCLE
City-St-Zip: LAKES WALES, FL 33853

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MANGHAM, VONZELLA
Address: 5004 BRIAR OAKS CIRCLE
City-St-Zip: ORLANDO, FL 32808

Title: P () Change (X) Addition
Name: DRAKE, TABITHA
Address: 323 TOWER POINT CIRCLE
City-St-Zip: LAKE WALES, FL 33859

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.

SIGNATURE: TABITHA DRAKE

P

03/26/2006

Electronic Signature of Signing Officer or Director

Date