

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011098

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: THE MENTORING SOLUTION, INC.

## Current Principal Place of Business:

1999 W. COLONIAL DR.  
SUITE 212  
ORLANDO, FL 32804

## New Principal Place of Business:

1999 W. COLONIAL DR.  
ORLANDO, FL 32804

## Current Mailing Address:

1999 W. COLONIAL DR.  
SUITE 212  
ORLANDO, FL 32804

## New Mailing Address:

1999 W. COLONIAL DR.  
ORLANDO, FL 32804

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  
1999 W COLONIAL DR  
SUITE 212  
ORLANDO, FL 32804 US

## Name and Address of New Registered Agent:

DRAKE, TABITHA  
1999 W COLONIAL DR  
ORLANDO, FL 32804 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

04/15/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DRAKE, TABITHA  
Address: 1999 W COLONIAL DR.  
City-St-Zip: ORLANDO, FL 32804

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

Title: S ( ) Delete  
Name: CALDWELL, KIZZY  
Address: 415 BIG SIOUX CT  
City-St-Zip: POINCIANA, FL 34759

## 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:

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: TABITHA DRAKE

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date