2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N06000005036

Entity Name: GREEN LIVING & ENERGY EDUCATION, INC.

Current Principal Place of Business:

24171 OVERSEAS HWY STE 2
SUMMERLAND KEY, FL 33042

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 754
KEY WEST, FL 33041

New Mailing Address:

FEI Number: 20-4798777 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITCHELL J. COOK, P.A.
24171 OVERSEAS HWY STE 2
SUMMERLAND KEY, FL 33042 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:	P	( ) Delete
Name:	HIGGINS, ALISON	
Address:	55 N. JOHNSON ROAD	
City-St-Zip:	SUGARLOAF SHORES, FL 33042	
Title:	VP	( ) Delete
Name:	SMITH WILLIAMS, JODY	
Address:	1211 WATSON STREET	
City-St-Zip:	KEY WEST, FL 33040	
Title:	S	( ) Delete
Name:	TALLMAN, JANE	
Address:	611 WILLIAM ST, APT. #2	
City-St-Zip:	KEY WEST, FL 33040	
Title:	T	( ) Delete
Name:	GUN, SHIRLEY	
Address:	573 INDIES ROAD	
City-St-Zip:	RAMROD KEY, FL 33042	
Title:	D	( ) Delete
Name:	GREGORY, DOVA	
Address:	1100 SIMONTON STREET	
City-St-Zip:	KEY WEST, FL 33040	
Title:	D	( ) Delete
Name:	PATTERSON, TJ	
Address:	3421 OVERSEAS HIGHWAY	
City-St-Zip:	MARATHON, FL 33050	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	BEAL, KAREN	
Address:	PO BOX 372569	
City-St-Zip:	KEY LARGO, FL 33037	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	MARSHALL, DIANE	
Address:	PO BOX 860	
City-St-Zip:	TAVERNIER, FL 33070	
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: SHIRLEY GUN T 04/20/2009

Electronic Signature of Signing Officer or Director — Date