

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005471

FILED
Apr 14, 2009
Secretary of State

Entity Name: I WANT TO LEARN ENGLISH LANGUAGE LABS, INC.

Current Principal Place of Business:

9549 TAVERNIER DR
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

PO BOX 881029
BOCA RATON, FL 33488

New Mailing Address:

FEI Number: 20-4892754 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DROUIN, CHRISTINA
9549 TAVERNIER DR
BOCA RATON, FL 33496 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: DCEO () Delete
Name: DROUIN, CHRISTINA
Address: 9549 TAVERNIER DR
City-St-Zip: BOCA RATON, FL 33496

Title: DP () Delete
Name: DROUIN, CHRISTINA
Address: 9549 TAVERNIER DR
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: ORR, ANITA
Address: 811 NW 1ST AVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: T () Delete
Name: BRIGGS, MALCOLM O
Address: 150 SW 13TH AVE
City-St-Zip: MIAMI, FL 33135

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: DS (X) Change () Addition
Name: JONES, DIANE D
Address: 315 LAKESIDE WAY
City-St-Zip: DEERFIELD BEACH, FL 33442

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: CHRISTINA DROUIN

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date