2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006467

FILED Jan 24, 2008 Secretary of State

Entity Name: THE INSTITUTE OF LIFE AND LEARNING, INCORPORATED **New Principal Place of Business: Current Principal Place of Business:** 9501 WOODLAND RIDGE RD TAMPA, FL 33637 **Current Mailing Address: New Mailing Address:** 9501 WOODLAND RIDGE RD TAMPA, FL 33637 FEI Number: 20-5175529 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROOKINS, SIMONE 9501 WOODLAND RIDGE RD TAMPA, FL 33637 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CEOP () Delete () Change () Addition BROOKINS, SIMONE Name: Name: Address: 9501 WOODLAND RIDGE RD Address: City-St-Zip: TAMPA, FL 33637 City-St-Zip: Title: () Delete Title: () Change () Addition BROOKINS, BETTY Name: Name: Address: 9501 WOODLAND RIDGE RD Address: City-St-Zip: TAMPA, FL 33637 City-St-Zip: Title: () Delete Title: () Change () Addition BROOKINS, SAMUEL Name: Name: 9501 WOODLAND RIDGE RD Address: Address: City-St-Zip: TAMPA, FL 33637 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: SIMONE J. BROOKINS CEOP 01/24/2008