

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011211

FILED
Apr 18, 2007
Secretary of State

Entity Name: THE WAY OF SPIRIT INSTITUTE, INC.

Current Principal Place of Business:

220 SW 22ND STREET
UNIT 2
FORT LAUDERDALE, FL

New Principal Place of Business:

Current Mailing Address:

220 SW 22ND STREET
UNIT 2
FORT LAUDERDALE, FL

New Mailing Address:

FEI Number: 06-1798942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

IACONO, TULLIO E ESQ.
1390 BRICKELL AVENUE
THIRD FLOOR
MIAMI, FL 33131 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: PV () Delete
Name: BLAKE, NAOMI
Address: 220 SW 22ND STREET #2
City-St-Zip: FORT LAUDERDALE, FL

Title: ST () Delete
Name: MCCRAY, ERNEST
Address: 220 SW 22ND STREET #2
City-St-Zip: FORT LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PV (X) Change () Addition
Name: BLAKE, NAOMI
Address: 220 SW 22ND STREET #2
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: ST (X) Change () Addition
Name: MCCRAY, ERNEST
Address: 220 SW 22ND STREET #2
City-St-Zip: FORT LAUDERDALE, FL 33315

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: NAOMI BLAKE

PV

04/18/2007

Electronic Signature of Signing Officer or Director

Date