

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001707

FILED
Apr 21, 2009
Secretary of State

Entity Name: CARE THROUGH EDUCATION INTERNATIONAL, INC.

Current Principal Place of Business:

13810 SUTTON PARK DRIVE NORTH
SUITE 137
JACKSONVILLE, FL 32224

New Principal Place of Business:

13810 SUTTON PARK DRIVE NORTH
137
JACKSONVILLE, FL 32224

Current Mailing Address:

13810 SUTTON PARK DRIVE NORTH
SUITE 137
JACKSONVILLE, FL 32224

New Mailing Address:

13810 SUTTON PARK DRIVE NORTH
137
JACKSONVILLE, FL 32224

FEI Number: 64-0956730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERRMANN, SIEGFRIED E PH.D.
13810 SUTTON PARK DRIVE NORTH
SUITE 137
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

HERRMANN, SIEGFRIED E PH.D.
13810 SUTTON PARK DRIVE NORTH
137
JACKSONVILLE, FL 32224 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: SIEGFRIED E. HERRMANN, PH.D.

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CUMMINGS, JACK
Address: 8153 SAN RAFAEL DRIVE
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: MULLARKY, PAM PH. D.
Address: 1900 MOORINGS CIRCLE
City-St-Zip: JACKSONVILLE, FL 32068

Title: D () Delete
Name: HAILEY, BONNIE
Address: 1289 EASTMAN LANE
City-St-Zip: MAINEVILLE, OH 45039

Title: O () Delete
Name: HERRMANN, SIEGFRIED E CEO
Address: 13810 SUTTON PARK DR. N STE.137
City-St-Zip: JACKSONVILLE, FL 32224

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: O (X) Change () Addition
Name: HERRMANN, SIEGFRIED E CEO
Address: 316 TWENTY SECOND ST.
City-St-Zip: ST. AUGUSTINE, FL 32224

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: SIEGFRIED E. HERRMANN, PH.D.

CEO

04/21/2009

Electronic Signature of Signing Officer or Director

Date