2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N07000004844

Entity Name: TUTOR CHAT LIVE FOUNDATION, INC.

Current Principal Place of Business:

2929 MYRTLE OAK CIR
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

2929 MYRTLE OAK CIR
DAVIE, FL 33328

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPELETTI, SANDRA
2929 MYRTLE OAK CIR
DAVIE, FL 33328 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: PRES ( ) Delete
Name: CAPELETTI, SANDRA
Address: 2929 MYRTLE OAK CIRCLE
City-St-Zip: FT LAUDERDALE, FL 33328

Title: SEC ( ) Delete
Name: CAPELETTI, MATTHEW
Address: 8520 BELLE MEADE DR
City-St-Zip: FORT MYERS, FL 33908

Title: DIR ( ) Delete
Name: ROBERT, SCHULTE
Address: 2929 MYRTLE OAK CIRCLE
City-St-Zip: DAVIE, FL 33328

Title: DIR ( ) Delete
Name: CINDY, TRUMAN
Address: 930 NW 199 AVE
City-St-Zip: PEMBROKE PINES, FL 333029

Title: DIR ( ) Delete
Name: SAUNDRA, SHECTMAN
Address: 711 N. SURREY AVE
City-St-Zip: VENTNOR CITY, NJ 04806

Title: DIR ( ) Delete
Name: CAPELETTI, SANDRA
Address: 2929 MYRTLE OAK CIRCLE
City-St-Zip: DAVIE, FL 33328

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SANDRA CAPELETTI DIR 01/20/2009
Electronic Signature of Signing Officer or Director — Date