2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N08000001013

Entity Name: EMBASSY BLUE INSTITUTE, INC.

Current Principal Place of Business:

6426 MILNER BLVD., SUITE 101
ORLANDO, FL 32809

New Principal Place of Business:

6426 MILNER BLVD., SUITE 102
ORLANDO, FL 32809

Current Mailing Address:

6426 MILNER BLVD., SUITE 101
ORLANDO, FL 32809

New Mailing Address:

6426 MILNER BLVD., SUITE 102
ORLANDO, FL 32809

FEI Number: 26-1885402 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAMER, CHARLES W
1411 EDGEWATER DR., SUITE 200
ORLANDO, FL 32804 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: D ( ) Delete
Name: BARUCKY, JERRY
Address: 6426 MILNER BLVD., SUITE 101
City-St-Zip: ORLANDO, FL 32809

Title: D ( ) Delete
Name: VARELA, RENE' A
Address: 6426 MILNER BLVD., SUITE 101
City-St-Zip: ORLANDO, FL 32809

Title: D ( ) Delete
Name: POWELL, THOMAS E
Address: 6426 MILNER BLVD., SUITE 101
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ED (X) Change ( ) Addition
Name: POWELL, THOMAS E
Address: 6426 MILNER BLVD., SUITE 101
City-St-Zip: ORLANDO, FL 32809

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: THOMAS E. POWELL ED 01/08/2009

Electronic Signature of Signing Officer or Director — Date