

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001444

FILED
Apr 30, 2009
Secretary of State

Entity Name: EMOTIONAL ENDURANCE INTERNATIONAL, INC.

Current Principal Place of Business:

% MULVEHILL NURSERY, INC.
9821 HAPPY HALLOW ROAD
DELRAY BEACH, FL 33446

New Principal Place of Business:

MULVEHILL NURSERY, INC.
9821 HAPPY HALLOW ROAD
DELRAY BEACH, FL 33446

Current Mailing Address:

% MULVEHILL NURSERY, INC.
9821 HAPPY HALLOW ROAD
DELRAY BEACH, FL 33446

New Mailing Address:

MULVEHILL NURSERY, INC.
9821 HAPPY HALLOW ROAD
DELRAY BEACH, FL 33446

FEI Number: 26-1959898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULVEHILL, JOSEPH H JR
9821 HAPPY HALLOW ROAD
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

MULVEHILL, SUZANNE
607 SOUTH M STREET
LAKE WORTH, FL 33460 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: SUZANNE MULVEHILL

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MULVEHILL, SUZANNE M
Address: 607 SOUTH M STREET
City-St-Zip: LAKE WORTH, FL 33460

Title: VPD () Delete
Name: POLLACK, NEUMAN F PHD
Address: 9731 SAN VITTORE ST
City-St-Zip: LAKE WORTH, FL 33467

Title: ST () Delete
Name: SCANNELL, JOHN
Address: 1301 NW 6TH STREET
City-St-Zip: BOCA RATON, FL 33486

Title: D (X) Delete
Name: MCGINTY, TIMOTHY
Address: 18789 S. BOONE RD
City-St-Zip: COLUMBIA STATION, OH 44028

Title: D (X) Delete
Name: SHON, JOSHUA
Address: 10536 NW 10TH CT
City-St-Zip: PLANTATION, FL 33322

Title: D () Delete
Name: MITRA, JAY
Address: UNIVERSITY OF ESSEX ELMER APPROACH
City-St-Zip: SOUTHEND ON SEA ESSEX SS11LW, UK

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: SUZANNE MULVEHILL

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date