2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N08000003903

Entity Name: FUTURE LEADERS EDUCATORS & ACHIEVERS FOUNDATION, INC.

Current Principal Place of Business:

2360 E. LAKE MIRAMAR CIR.
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

2360 E. LAKE MIRAMAR CIR.
MIRAMAR, FL 33025

New Mailing Address:

FEI Number: 51-0675729 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRELL, GARY L
2360 E. LAKE MIRAMAR CIR.
MIRAMAR, FL 33025 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: PD ( ) Delete
Name: HARRELL, GARY L
Address: 1444 APPLEWOOD WAY
City-St-Zip: TALLAHASSEE, FL 32312

Title: SD ( ) Delete
Name: RODRIGUEZ-HARRELL, TENIKA
Address: 1444 APPLEWOOD WAY
City-St-Zip: TALLAHASSEE, FL 32312

Title: TD ( ) Delete
Name: PORTER, JACKIE
Address: 2360 E. LAKE MIRAMAR CIR.
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HARRELL, GARY L
Address: 2360 E. LAKE MIRAMAR CIRCLE
City-St-Zip: MIRAMAR, FL 33025

Title: SD (X) Change ( ) Addition
Name: RODRIGUEZ-HARRELL, TENIKA
Address: 2360 E. LAKE MIRAMAR CIRCLE
City-St-Zip: MIRAMAR, FL 33025

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: GARY L.. HARRELL PD 04/30/2009

Electronic Signature of Signing Officer or Director — Date