

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004655

FILED
Jun 24, 2009
Secretary of State

Entity Name: SCIENCE BOOT CAMP INC.

Current Principal Place of Business:

6780 PINES BLVD
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

6780 PINES BLVD
PEMBROKE PINES, FL 33024 US

New Mailing Address:

FEI Number: 26-2615303 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, SABRINA Y
13053 NW 8 ST
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

JONES, SABRINA Y D
13053 NW 8 ST
PEMBROKE PINES, FL 33028 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: SABRINA Y. JONES

06/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JONES, SABRINA Y
Address: 6780 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: D () Delete
Name: JONES, ALEX
Address: 5917 COPPER CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: D () Delete
Name: STYLES, CHANTEL S
Address: 920 NW 151 ST
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: PEREZ, HELLEN
Address: 11484 SW 1 ST
City-St-Zip: MIAMI, FL 33174 US

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:

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: SABRINA Y. JONES

D

06/24/2009

Electronic Signature of Signing Officer or Director

Date