2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008229

FILED Mar 11, 2009 Secretary of State

Entity Name: IOTA PHI THETA FRATERNITY INC. ALPHA LAMBDA OMEGA CHAPTER

Current Principal Place of Business: New Principal Place of Business:

6757 NW 189 TERRACE HIALEAH, FL 33015 US

Current Mailing Address: New Mailing Address:

6757 NW 189 TERRACE PO BOX 17196

HIALEAH, FL 33015 US PLANTATION, FL 33318 US

FEI Number: 26-3303888 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIAMS, RHYS

6757 NW 189 TERRACE

HIALEAH, FL 33015 US

MEANS, SHAWN
10751 OAK MEADOW LANE
WELLINGTON, FL 33449 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: SHAWN MEANS 03/11/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: P () Delete Title: PRE (X) Change () Addition

Name: DUCATEL, WATSON Name: MEANS, SHAWN

 Address:
 820 NW 89TH AVE
 Address:
 10751 OAK MEADOW LANE

 City-St-Zip:
 PLANTATION, FL 33324 US
 City-St-Zip:
 WELLINGTON, FL 33449 US

Title: VP () Delete Title: VPRE (X) Change () Addition

 Name:
 ODIGE, DAVID
 Name:
 WILLIAMS, RHYS

 Address:
 13770 NE 3RD CT #201
 Address:
 6757 NW 189 TERRACE

 City-St-Zip:
 NORTH MIAMI, FL 33161 US
 City-St-Zip:
 HIALEAH, FL 33015 US

Title: SEC () Delete Title: TREA (X) Change () Addition

Name: WILLIAMS, RHYS Name: PIERRE, BERRY

Address: 6757 NW 189 TERRACE Address: 5900 PALM TRACE LANDINGS DR #209

City-St-Zip: HIALEAH, FL 33015 US City-St-Zip: DAVIE, FL 33314 US

Title: TRE (X) Delete Title: () Change () Addition

Name: BURY, GUY Name:
Address: 320 SOUTH FLAMINGO RD #172 Address:

City-St-Zip: PEMBROKE PINES, FL 33027 City-St-Zip:

Title: MEM (X) Delete Title: () Change () Addition

 Name:
 CALIXTE, RUBEN
 Name:

 Address:
 3480 NW 36TH STREET
 Address:

 City-St-Zip:
 LAUDERDALE LAKES, FL 33309 US
 City-St-Zip:

Title: MEM (X) Delete Title: () Change () Addition

 Name:
 PIERRE, BERRY
 Name:

 Address:
 5900 PALM TRACE LANDINGS DR #209
 Address:

 City-St-Zip:
 DAVIE, FL 33314 US
 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: BERRY PIERRE TREA 03/11/2009

Electronic Signature of Signing Officer or Director

Date