2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N08000009983

Entity Name: LETIP INTERNATIONAL WEST PALM BEACH, INC.

Current Principal Place of Business:

1532 OLD OKEECHOBEE ROAD, SUITE 103
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

1532 OLD OKEECHOBEE ROAD, SUITE 103
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 54-2152495 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEENAN, G. MICHAEL
1532 OLD OKEECHOBEE ROAD, SUITE 103
WEST PALM BEACH, FL 33409 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: P ( ) Delete
Name: KEENAN, G. MICHAEL
Address: 1532 OLD OKEECHOBEE ROAD, SUITE 103
City-St-Zip: WEST PALM BEACH, FL 33409

Title: V ( ) Delete
Name: SHIVE, SHERRY
Address: 1532 OLD OKEECHOBEE RD, SUITE 103
City-St-Zip: WEST PALM BEACH, FL 33409

Title: S ( ) Delete
Name: MARTINEZ, RUTHMARIE
Address: 1532 OLD OKEECHOBEE ROAD, SUITE 103
City-St-Zip: WEST PALM BEACH, FL 33409

Title: T ( ) Delete
Name: WILLIAMS, SEAN
Address: M532 OLD OKEECHOBEE ROAD, SUITE 103
City-St-Zip: WEST PALM BEACH, FL 33409

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: T (X) Change ( ) Addition
Name: WILLIAMS, SEAN
Address: 1532 OLD OKEECHOBEE ROAD, SUITE 103
City-St-Zip: WEST PALM BEACH, FL 33409

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: SEAN WILLIAMS T 04/28/2009

Electronic Signature of Signing Officer or Director — Date