

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001080

FILED  
Mar 07, 2011  
Secretary of State

**Entity Name:** THE BALMORAL INSTITUTE, INC.

**Current Principal Place of Business:**

341 NORTH MAITLAND AVE STE 100  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

341 NORTH MAITLAND AVE STE 100  
MAITLAND, FL 32751

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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: D  
Name: HARRISON, GLENN PH.D.  
Address: 368 SEMINOLE WOODS BLVD  
City-St-Zip: GENEVA, FL 32732

Title: D  
Name: TITEN, ELLEN  
Address: 900 KEYES AVENUE  
City-St-Zip: WINTER PARK, FL 32789

Title: D  
Name: SEIDEL, VALERIE L  
Address: 341 N MAITLAND AVE STE 100  
City-St-Zip: MAITLAND, FL 32751

Title: D  
Name: TOMLINSON, ALLEN R  
Address: 505 FLAGLER DR #1100  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D  
Name: KIKER, CLYDE F PE PHD  
Address: 224 SW 40TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32607

I hereby 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 all other like empowered.

SIGNATURE: VALERIE SEIDEL

D

03/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date