

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002764

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** INTEGRATED LEARNING TRUST INC.

**Current Principal Place of Business:**

4309 SW 70 TERRACE  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

4309 SW 70 TERRACE  
DAVIE, FL 33314

**New Mailing Address:**

FEI Number: 27-5073991

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COTTLE, BERNARD  
4309 SW 70 TERRACE  
DAVIE, FL 33314 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: C  
Name: COTTLE, BERNARD  
Address: 4309 SW 70 TERRACE  
City-St-Zip: DAVIE, FL 33314

Title: T  
Name: JACIR, MARCELO  
Address: 1046 WATERSIDE CIRCLE  
City-St-Zip: WESTON, FL 33327

Title: V  
Name: ROLLINS, TONY  
Address: 6649 NW 128TH WAY  
City-St-Zip: PARKLAND, FL 33076

Title: D  
Name: JEAN, PASCALE  
Address: 9285 SW 125 AVENUE U-206  
City-St-Zip: MIAMI, FL 33186

Title: S  
Name: SMITH, RODNEY  
Address: 17995 NW 60 PLACE  
City-St-Zip: MIAMI LAKES, FL 33015

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: BERNARD COTTLE

C

04/11/2012

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

\_\_\_\_\_ Date