2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N12369

Entity Name: FLORIDA CULTURAL EDUCATION ALLIANCE INC.

Current Principal Place of Business:

5600 NORTH FLAGLER DRIVE
1410
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2131
WEST PALM BEACH, FL 33402 US

New Mailing Address:

FEI Number: 59-2634108 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LONG, SHERRON M MS.
5600 N FLAGLER DR
#1410
WEST PALM BEACH, FL 33407 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 ( ) Delete
Name: STEINBERG, MARK
Address: 1401 NW 22ND ST
City-St-Zip: MIAMI, FL

Title: VCD ( ) Delete
Name: BECHT, MARY
Address: 100 S. ANDREWS AVE., 6TH FLR
City-St-Zip: FT LAUDERDALE, FL 33301

Title: CHR ( ) Delete
Name: SPRING, MICHAEL
Address: 111 NW 1ST STREET, SUITE 625
City-St-Zip: MIAMI, FL 33128

Title: P ( ) Delete
Name: LONG, SHERRON
Address: 5600 N FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 33407

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: SHERRON LONG PRES 04/15/2009

Electronic Signature of Signing Officer or Director — Date