

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002351

FILED
Apr 30, 2009
Secretary of State

Entity Name: PERFORMING ENTERTAINMENT THROUGH EDUCATION, INC.

Current Principal Place of Business:

14359 MIRAMAR PARKWAY
SUITE #112
MIRAMAR, FL 33027

New Principal Place of Business:

9788 NW 15TH STREET
PEMBROKE PINES, FL 33024

Current Mailing Address:

14359 MIRAMAR PARKWAY
SUITE #112
MIRAMAR, FL 33027

New Mailing Address:

9788 NW 15TH STREET
PEMBROKE PINES, FL 33024

FEI Number: 65-0411632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSON, WALTER
14359 MIRAMAR PARKWAY
SUITE #112
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

ALLEN, TANGELA
9788 NW 15TH STREET
PEMBROKE PINES, FL 33024 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: TANGELA ALLEN

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PETERSON, WALTER
Address: 8517 CLARIDGE DRIVE
City-St-Zip: MIRAMAR, FL

Title: VD () Delete
Name: GRIFFIN, PETER
Address: 18821 NE 3 CT APT 622
City-St-Zip: N MIAMI BEACH, FL 33179

Title: D () Delete
Name: FULLER, ADRIENE
Address: 5223 S.W. 32ND ST. APT. 3-2R
City-St-Zip: PEMBROKE PARK, FL 33023

Title: S () Delete
Name: ALLEN, TANGELA
Address: 3850 SW 128 AVE
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALLEN, TANGELA
Address: 9788 NW 15TH STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SIMMONS, SHAWAWN
Address: 8517 CLARIDGE DRIVE
City-St-Zip: MIRAMAR, FL 33025

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: TANGELA ALLEN

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date