

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 21, 2009
Secretary of State

DOCUMENT# N95000005932

Entity Name: POWERTAP INSTITUTE, INC.**Current Principal Place of Business:**503 WYLLY AVENUE
SANFORD, FL 32773**New Principal Place of Business:****Current Mailing Address:**503 WYLLY AVENUE
SANFORD, FL 32773**New Mailing Address:****FEI Number:** 59-3366175**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BUTLER, HARVEY
503 WYLLY AVENUE
SANFORD, FL 32773 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/D () Delete
Name: BUTLER, HARVEY
Address: 503 WYLLY AVENUE
City-St-Zip: SANFORD, FL 32773**Title:** ST/D () Delete
Name: BUTLER, FLORENCE
Address: 503 WYLLY AVE
City-St-Zip: SANFORD, FL 32773**Title:** D (X) Delete
Name: LITMAN, ANN N
Address: 2913 S. ORLANDO DR. SUITE 1000
City-St-Zip: SANFORD, FL 32773**Title:** D (X) Delete
Name: PENLEY, TEAK
Address: 2913 S. ORLANDO DR. SUITE 1000
City-St-Zip: SANFORD, FL 32773**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: FLORENCE BUTLER

ST

04/21/2009

Electronic Signature of Signing Officer or Director

Date