

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006086

FILED
May 15, 2005
Secretary of State

Entity Name: TECHNI - PRO INSTITUTE INC.

Current Principal Place of Business:

3639 S FEDERAL HWY
BOYNTON BEACH, FL 33435 US

New Principal Place of Business:

Current Mailing Address:

3639 S FEDERAL HWY
BOYNTON BEACH, FL 33435 US

New Mailing Address:

FEI Number: 65-0728391 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HYPPOLITE, GILBERT
3639 S FEDERAL HWY
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

HYPPOLITE, GILBERT
111 CHATHAM COURT
BOYNTON BEACH, FL 33436 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: _____

05/15/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: POOLE, JULENE KING
Address: 3009 S TERR DR
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: LOUIS-JEUNE, SERGE
Address: 1218 S DIXIE HWY
City-St-Zip: LAKE WORTH, FL

Title: D () Delete
Name: LIVIO, KATIE
Address: 500 SCOTIA DR., #105
City-St-Zip: HYPOLUXO, FL 33462

Title: D () Delete
Name: EUGENIE, JOSEPH
Address: 3500 N CONGRESS
City-St-Zip: WEST PALM, FL 33406

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: D (X) Change () Addition
Name: MAGALIE, DEROSE
Address: 3550 SO. US1 #36
City-St-Zip: FORT PIERCE, FL 34982

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GILBERT HYPPOLITE

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05/15/2005

Electronic Signature of Signing Officer or Director

Date