2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2007
Secretary of State

DOCUMENT# N96000006086

Entity Name: TECHNI - PRO INSTITUTE INC.

Current Principal Place of Business:

3633S FEDERAL HWY
BOYNTON BEACH, FL 33435 US

New Principal Place of Business:

2206 W ATLANTIC AVE
DELRAY BEACH, FL 33445 US

Current Mailing Address:

3633 S FEDERAL HWY
BOYNTON BEACH, FL 33435 US

New Mailing Address:

2206 W ATLANTIC AVE
DELRAY BEACH, FL 33445 US

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
111 CHATHAM COURT
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

HYPPOLITE, GILBERT
382 E CORAL TRACE CIR
DELRAY BEACH, FL 33445 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: GILBERT HYPPOLITE 08/13/2007
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 (X) Delete
Name: LOUIS-JEUNE, SERGE
Address: 1218 S DIXIE HWY
City-St-Zip: LAKE WORTH, FL 33460

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

Title: D ( ) Delete
Name: HYPPOLITE, GILBERT
Address: 111 CHATHAM CRT
City-St-Zip: BOYNTON BEACH, FL 33436 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: LIVIO, KATIC
Address: 2206 W ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: PD (X) Change ( ) Addition
Name: HYPPOLITE, GILBERT
Address: 382 E CORAL TRACE CIR
City-St-Zip: DELRAY BEACH, FL 33445 US

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: GILBERT HYPPOLITE PD 08/13/2007
Electronic Signature of Signing Officer or Director Date