

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006206

FILED
Apr 30, 2008
Secretary of State

Entity Name: THE HEALTH, ECONOMIC, ACADEMIC AND LITERACY, INC.

Current Principal Place of Business:

2951 SILVER RIDGE DR
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

2951 SILVER RIDGE DR
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 59-3445034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PORTER, ARNOLD
2951 SILVER RIDGE DR
ORLANDO, FL 32818 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: PD () Delete
Name: PORTER, ARNOLD A
Address: 2951 SILVER RIDGE DR
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: PORTER, BRENDA T
Address: 2951 SILVER RIDGE DR
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: TAYLOR, MARISSA
Address: 2951 SILVER RIDGE DR
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: GREEN, CELIA
Address: 2951 SILVER RIDGE DR
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: JONES, BARBARA
Address: 2951 SILVER RIDGE DR
City-St-Zip: ORLANDO, FL 32818

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: D () Change (X) Addition
Name: PORTER, TOURRAINE V
Address: 2951 SILVER RIDGE DR
City-St-Zip: ORLANDO, FL 32818

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: ARNOLD A. PORTER

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date