2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2012
Secretary of State

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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 ( )**

Name and Address of Current Registered Agent:

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

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

Title: D
Name: BEASON, JEFFREY A
Address: 2951 SILVER RIDGE DR
City-St-Zip: ORLANDO, FL 32818

Title: D
Name: CRITTENDEN, CELIA
Address: 2951 SILVER RIDGE DR
City-St-Zip: ORLANDO, FL 32818

Title: D
Name: GREEN, EDITH
Address: 1040 S. PARRAMORE AVE.
City-St-Zip: ORLANDO, FL 32805

Title: D
Name: JACKSON, CHARLES R
Address: 901 BENTLEY ST
City-St-Zip: ORLANDO, FL 32805

I hereby 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 all other like empowered.

SIGNATURE: ARNOLD A. PORTER, AAP PRES 04/30/2012

Electronic Signature of Signing Officer or Director — Date