2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2011
Secretary of State

DOCUMENT# N97000000328

Entity Name: MESSIANIQUE TRAINING CENTER AND INSTITUTE, INC.

Current Principal Place of Business:

5420 NORTH STATE ROAD 7
NORTH LAUDERDALE, FL 33319

New Principal Place of Business:

Current Mailing Address:

5420 NORTH STATE ROAD 7
NORTH LAUDERDALE, FL 33319

New Mailing Address:

FEI Number: 31-1539751 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VALBRUN, JOSEPH
5420 NORTH STATE RD. 7
NORTH LAUDERDALE, FL 33319 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: VALBRUN, JOSEPH
Address: 5420 NORTH STATE ROAD 7
City-St-Zip: NORTH LAUDERDALE, FL 33319

Title: VSD
Name: VALBRUN, RACHEL
Address: 5420 NORTH STATE ROAD 7
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: TD
Name: BAPTISTE, BETTY
Address: 519 FOSTER RD
City-St-Zip: HALLANDALE, FL 33009

Title: P
Name: VALBRUN, JOSEPH
Address: 5420 N STATE RD. SEVEN
City-St-Zip: FT LAUDERDALE, FL 33319

Title: T
Name: BAPTISTE, BETTY
Address: 519 FOSTER RD.
City-St-Zip: HALLANDALE, FL 33009

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: JOSEPH VALBRUN PD 02/23/2011

Electronic Signature of Signing Officer or Director Date