2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001462

FILED Apr 24, 2009 Secretary of State

Entity Name: WORLD FOUNDATION MULTI CULTURAL TRAINING CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 2300 PALM BEACH LAKES BLVD. SUITE 200C WEST PALM BEACH, FL 33409 **New Mailing Address: Current Mailing Address:** P.O. BOX 22355 2300 PALM BEACH LAKES BLVD. WEST PALM BEACH,, FL 33416 SUITE 200C WEST PALM BEACH,, FL 33409 FEI Number: 65-0845147 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FINLEY, CHANDLER R 1645 PÁLM BEACH LAKES BLVD #460 WEST PALM BEACH, FL 33401 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FRANCOIS, JEAN D/P Name: Name: 5211 WHITE OLEANDER Address: Address: City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: Title: DNP () Delete Title: () Change () Addition FINLEY, CHANDLER R D Name: Name: Address: 1645 PALM BEACH LAKES BLVD #460 Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: () Delete Title: (X) Change () Addition ROC-MYRTHIL, ARNELLE D Name: ROC-MYRTHIL, ARNELLE S Name: 6577 SPRING MEADOW DRIVE 6577 SPRING MEADOW DRIVE Address: Address: City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: LAKE WORTH, FL 33463 Title: () Delete Title: (X) Change () Addition Name: LEE, ANTOINETTE S Name: MC LEAN, WYNSOME D Address: 5211 WHITE OLEANDER Address: 1463 LAKE CRYSTAL DRIVE, H City-St-Zip: WEST PALM BEACH,, FL 33415 City-St-Zip: WEST PALM BEACH,, FL 33411

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: JEAN FRANCOIS DP 04/24/2009