

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003600

FILED
Mar 20, 2009
Secretary of State

Entity Name: ELECTRONIC LEARNING INSTITUTE, INC.

Current Principal Place of Business:

12033 92ND WAY, N
LARGO, FL 33773

New Principal Place of Business:

Current Mailing Address:

12033 92ND WAY, N
LARGO, FL 33773

New Mailing Address:

FEI Number: 59-3579489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOULDS, LARRY D
12033 92ND WAY, N
LARGO, FL 33773 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: PT () Delete
Name: MOULDS, LARRY D DR.
Address: 12033 92 WAY N.
City-St-Zip: LARGO, FL 33773

Title: S () Delete
Name: SMYZER, ROGER
Address: 808 ESQUIRE LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D () Delete
Name: FREEBERG, C. WAYNE DR.
Address: 10424 SPRINGROSE DRIVE
City-St-Zip: TAMPA, FL 33626

Title: D () Delete
Name: WIEBE, JEFFREY DR.
Address: 2109 HAMMOCK PINE BLVD.
City-St-Zip: CLEARWATER, FL 33761

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:

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: DR. LARRY D MOULDS

PT

03/20/2009

Electronic Signature of Signing Officer or Director

Date