

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jul 21, 2009**  
**Secretary of State**

DOCUMENT# N99000005472

**Entity Name:** ACCREDITING ASSOCIATION OF THEOLOGICAL AND EDUCATIONAL INSTITUTES  
INTERNATIONAL, INC.**Current Principal Place of Business:**1971 WEST LUMSDEN ROAD #302  
BRANDON, FL 33511**New Principal Place of Business:**806 WESTWIND LN  
FERN PARK, FL 32730**Current Mailing Address:**P.O. BOX 89485  
TAMPA, FL 33689**New Mailing Address:**P.O. BOX 300982  
CASTLEBERRY, FL 32730**FEI Number:** 59-3610635**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LAURENCE, F. LOYD  
3906 RYALWOOD COURT  
VALRICO, FL 33594 US**Name and Address of New Registered Agent:**LAURENCE, F. LOYD  
806 WESTWIND LN.  
FERN PARK, FL 32730 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:

07/21/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: HINN, W.D.  
Address: P.O. BOX 89485  
City-St-Zip: TAMPA, FL 33689

Title: PD ( ) Delete  
Name: LANGSTON, FLOYD  
Address: P.O. BOX 89485  
City-St-Zip: TAMPA, FL 33689

Title: SD ( ) Delete  
Name: SAFFOURI, R.L.  
Address: P.O. BOX 89485  
City-St-Zip: TAMPA, FL 33689

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition  
Name: HINN, D.  
Address: P.O. BOX 89485  
City-St-Zip: TAMPA, FL 33689

Title: PD (X) Change ( ) Addition  
Name: JOHNSON, RENE'  
Address: 806 WESTWIND LN  
City-St-Zip: FERN PARK, FL 32730

Title: D (X) Change ( ) Addition  
Name: SAFFOURI, R.L.  
Address: 3020 OCEAN DR.  
City-St-Zip: HALLENDALE, FL 33099

Title: SD ( ) Change (X) Addition  
Name: MICHAEL, ROBERT  
Address: P.O. BOX 300982  
City-St-Zip: CASTLEBERRY, FL 32730

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: ROBERT MICHAEL

SEC

07/21/2009

Electronic Signature of Signing Officer or Director

Date