

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000118428

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** EMERGENCY EDUCATIONAL INSTITUTE, INC.

**Current Principal Place of Business:**

9381 WEST SAMPLE RD  
200  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

9381 WEST SAMPLE RD  
200  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

**FEI Number:** 56-2355358

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOARD, TODD  
9381 WEST SAMPLE RD  
200  
CORAL SPRINGS, FL 33065 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: PRES  
Name: SOARD, TODD  
Address: 9381 WEST SAMPLE RD SUITE 200  
City-St-Zip: CORAL SPRINGS, FL 33065 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** TODD SOARD

PRES

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date