

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000140376

FILED
Apr 24, 2009
Secretary of State

Entity Name: CORPORATE PERFORMANCE INSTITUTE, INC.

Current Principal Place of Business:

185 SOUTH WESTMONTE DRIVE
SUITE 1218
ATLAMONTE SPINGS, FL 32714

New Principal Place of Business:

2749 CULLENS COURT
OCOEE, FL 34761

Current Mailing Address:

2748 CULLENS COURT
OCOEE, FL 34761

New Mailing Address:

P.O. BOX 681150
ORLANDO, FL 32868 US

FEI Number: 83-0377771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, FRANN K DR.
2749 CULLENS COURT
OCOEE, FL 34761 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR. () Delete
Name: RODRIGUEZ, FRANN K DR.
Address: 2749 CULLENS COURT
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: FRANN RODRIGUEZ

DR.

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date