

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000011848

**FILED**  
**Jul 30, 2009**  
**Secretary of State****Entity Name:** SUPPLEMENTAL INSTRUCTIONAL SERVICES, INC.**Current Principal Place of Business:**21301 S. TAMiami TRAIL  
STE 320 PMB 198  
ESTERO, FL 33928**New Principal Place of Business:**21850 RAINBOW LAKE COURT  
ESTERO, FL 33928**Current Mailing Address:**21301 S. TAMiami TRAIL  
STE 320 PMB 198  
ESTERO, FL 33928**New Mailing Address:****FEI Number:** 41-2163042**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PRATT, SUSAN  
21301 S. TAMiami TRAIL  
STE 320 PMB 198  
ESTERO, FL 33928 US**Name and Address of New Registered Agent:**CARLSON, KARYN  
21850 RAINBOW LAKE COURT  
ESTERO, FL 33928 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: KARYN CARLSON

07/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CARLSON, KARYN  
Address: 21301 S. TAMiami TRAIL STE 320 PMB 198  
City-St-Zip: ESTERO, FL 33928

Title: D (X) Delete  
Name: PRATT, SUSAN  
Address: 21301 S. TAMiami TRAIL STE 320 PMB 198  
City-St-Zip: ESTERO, FL 33928

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

Title: DP (X) Change ( ) Addition  
Name: CARLSON, KARYN  
Address: 21301 S. TAMiami TRAIL STE 320 PMB 198  
City-St-Zip: ESTERO, FL 33928

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: KARYN CARLSON

D

07/30/2009

Electronic Signature of Signing Officer or Director

Date