

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000093631

FILED
Apr 29, 2009
Secretary of State

Entity Name: STEWART MILLER INSTITUTE FOR EXCELLENCE, INC.

Current Principal Place of Business:

151-6 COLLEGE DRIVE.
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

410-09 BLANDING BLVD.
#303
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 75-3185980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART-MILLER, MYRALYN
576 BENJAMIN RUSH PLACE
ORANGE PARK, FL 32073 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: P () Delete
Name: STEWART-MILLER, MYRALYN
Address: 576 BENJAMIN RUSH PLACE
City-St-Zip: ORANGE PARK, FL 32073

Title: VP () Delete
Name: KELLEY, BETH .
Address: 2640 SCOTT MILL DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

Title: SEC () Delete
Name: SMITH, ROSALYN
Address: 813 SPRING CREEK WAY
City-St-Zip: DOUGLASVILLE, GA 30134

Title: TRES () Delete
Name: STEWART, EDMOND A JR.
Address: 4206 DAVECO DRIVE
City-St-Zip: BAKER, LA 70714

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

SIGNATURE: MYRALYN MILLER

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date