

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000080686

FILED
Apr 15, 2009
Secretary of State

Entity Name: INTERNATIONAL INSTITUTE FOR HUMAN UNDERSTANDING INC.

Current Principal Place of Business:

2801 FLORIDA AVENUE
SUITE 10
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

13500 SW 108 ST CIR S
MIAMI, FL 33186 33

New Mailing Address:

13500 SW 108 ST CIR SOUTH
MIAMI, FL 33186

FEI Number: 26-0518547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIISE, TORBEN
13500 SW 108 ST CIR S
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

RIISE, TORBEN
13500 SW 108 ST CIR SOUTH
MIAMI, FL 33186 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:

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: MUNHALL, PATRICIA
Address: 2801 FLORIDA AVENUE, SUITE 10
City-St-Zip: MIAMI, FL 33133 US

Title: ST () Delete
Name: RIISE, TORBEN
Address: 13500 SW 108 ST CIR S
City-St-Zip: MIAMI, FL 33186 US

Title: DIR () Delete
Name: DUFFY, MAUREEN
Address: 501 GRAND CONCOURSE
City-St-Zip: MIAMI SHORES, FL 33139 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S,T (X) Change () Addition
Name: RIISE, TORBEN
Address: 13500 SW 108 ST CIR S
City-St-Zip: MIAMI, FL 33186 US

Title: P (X) Change () Addition
Name: DUFFY, MAUREEN
Address: 501 GRAND CONCOURSE
City-St-Zip: MIAMI SHORES, FL 33139 US

Title: D () Change (X) Addition
Name: ROWAN, KELLEY F
Address: 14454 SW 98 CT.
City-St-Zip: MIAMI, FL 33176

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: TORBEN RIISE

SECR

04/15/2009

Electronic Signature of Signing Officer or Director

Date