2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 03, 2008 8:00 am Secretary of State

03-03-2008 90213 026 ***150.00

DOCUMENT # P07000081554

1. Entity Name

STREET ADDRESS

CITY-ST-ZIP

MINDS IN MOTION INSTITUTE FOR



NEURODEVELOPMENT AND LEARNING, INC. 40037601 Mailing Address Principal Place of Business 6861 NW 32ND AVENUE 6861 NW 32ND AVENUE FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01292008 Cha-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State Not Applicab Zip Country Ζip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SMALL ORGANIZATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **200 SW 24 AVENUE** FORT LAUDERDALE, FL 33312 City 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Additio ☐ Change Þ TITLE TITLE Delete NAME REILLY, BARBARA NAME STREET ADDRESS **6861 NW 32 AVENUE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL 33309 ■ Additic ☐ Change VP.T ☐ Delete TITLE TITLE NAME NAME REILLY, LEO 6861 NW 32 AVENUE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33309 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Additic ☐ Delete TITLE REILLY, JOHN NAME NAME **6861 NW 32 AVENUE** STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP FORT LAUDERDALE, FL 33309 ☐ Change Additic -☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Additk ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Additio ☐ Delete TITLE NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered 1

STREET ADDRESS

CITY - ST- 7IP