

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000000979

FILED
Mar 23, 2011
Secretary of State

Entity Name: INNOVA WORLD WIDE INSTITUTE, INC.

Current Principal Place of Business:

7410 US HWY 1
SUITE 405
PORT ST LUCIE, FL 34952

Current Mailing Address:

7410 US HWY 1
SUITE 405
PORT ST LUCIE, FL 34952

New Principal Place of Business:

8000 S. US HWY 1
SUITE 201
PORT ST LUCIE, FL 34952

New Mailing Address:

8000 S. US HWY 1
SUITE 201
PORT ST LUCIE, FL 34952

FEI Number: 90-0435044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITEHEAD, PATRICK M ESQ
215 SOUTH OLIVE AVENUE, SUITE 400
WEST PALM BEACH, FL 33401 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

OFFICERS AND DIRECTORS:

Title: D
Name: MARQUART, JAMES F PRES
Address: 8154 14TH HOLE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D
Name: FULLMAN, THOMAS PHD
Address: 3929 NE SKYLINE DR
City-St-Zip: JENSEN BEACH, FL 34957

Title: D
Name: MARQUART, NEVA TRES
Address: 8154 14TH HOLE DR
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D
Name: WHITEHEAD, PATRICK M
Address: 215 SOUTH OLIVE AVE SUITE 400
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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 all other like empowered.

SIGNATURE: JAMES F. MARQUART

PRES

03/23/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date