2001 UNIFORM BUSINESS REPORT (UBR)

May 21, 2001 8:00 am Secretary of State **DOCUMENT #** P97000014095 1. Entity Name 05-21-2001 90340 006 ***150.00 International Institute for Success Strategies, LTD., Co. Principal Place of Business Mailing Address 13498 Walsingham Road Largo, FL 33774 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3655642 City & State City & State Applied For Not Applicable Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Michael Rodetsky Street Address (P.O. Box Number is Not Acceptable) 13498 Walsingham RD Largo, FL 33774 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Aper MAY 1: 20012Fee vill be \$550 00. \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITE F ☐ Delete TITLE ☐ Change NAME NAME Michael Rodetsky STREET ADDRESS STREET ADDRESS 13498 Walsingham Rd CITY-ST-ZIP CITY-ST-ZE Largo, FL 33774 ☐ Delete MLE ☐ Change ☐ Addition TITI F VP--Gloria Rodetsky NAME MALGE 13498 Walsingham Rd STREET ADVORESS STREET ADDRESS Largo, FL 33774 CITY-ST-ZIP CITY-ST-79 Change ☐ Addition TITLE ☐ Deleta IIILE D-Craiq Rodetsky . NAME 13498 Walsingham RD STREET ADDRESS STREET ADDRESS Largo, FL 33774 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE D--Ellen Petracco MALE NAME STREET ADDRESS 13498 Walsingham Rd STREET ADDRESS CITY-ST-ZIP CITY+ST+ZIP Largo, FL 33774 Addition ☐ Delete ☐ Change TITLE NULE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-57-7P ☐ Change ☐ Addition ☐ Delete TITLE TITT F NALE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7P

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. Ellen tetracco SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR