

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004812

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: COLONIAL INSTITUTE, INC.

## Current Principal Place of Business:

179 WASHINGTON AVENUE  
LAKE MARY, FL 32746

## New Principal Place of Business:

## Current Mailing Address:

179 WASHINGTON AVENUE  
LAKE MARY, FL 32746

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

MCMAHON, GREGORY P  
255 S. ORANGE AVE.  
1250  
ORLANDO, FL 32801 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: GREGORY P. MCMAHON

04/28/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SALERNO, CRISTEN  
Address: 179 WASHINGTON AVENUE  
City-St-Zip: LAKE MARY, FL 32746

Title: VD ( ) Delete  
Name: SALERNO, BERNARD  
Address: 179 WASHINGTON AVENUE  
City-St-Zip: LAKE MARY, FL 32746

Title: STD ( ) Delete  
Name: SALERNO, ROSE  
Address: 179 WASHINGTON AVENUE  
City-St-Zip: LAKE MARY, FL 32746

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRISTEN SALERNO

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date