2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004812

Entity Name: COLONIAL INSTITUTE, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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179 WASHINGTON AVENUE LAKE MARY, FL 32746

Current Mailing Address: New Mailing Address:

179 WASHINGTON AVENUE PO BOX 2148

LAKE MARY, FL 32746 ORLANDO, FL 32802

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCMAHON, GREGORY P

255 S. ORANGE AVE.

1250

ORLANDO, FL 32801 US

DUNCAN, MICHAEL ESQ
3292 SEVEN SEAS DR
TAVARES, FL 32778 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: C MICHAEL DUNCAN ESQ 04/30/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 SALERNO, CRISTEN
 Name:

 Address:
 179 WASHINGTON AVENUE
 Address:

 City-St-Zip:
 LAKE MARY, FL 32746
 City-St-Zip:

Title: VD () Delete Title: VP (X) Change () Addition

 Name:
 SALERNO, BERNARD
 Name:
 DUNCAN, MICHAEL ESQ

 Address:
 179 WASHINGTON AVENUE
 Address:
 3292 SEVEN SEAS DR

 City-St-Zip:
 LAKE MARY, FL 32746
 City-St-Zip:
 TAVERES, FL 32778

Title: STD () Delete Title: ST (X) Change () Addition

Name: SALERNO, ROSE Name: JACKSON, EDWARD

Address: 179 WASHINGTON AVENUE Address: 3993 TYRONE BLVD SUIT 608-147 City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: ST PETERSBURG, FL 33709

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRISTEN SALERNO P 04/30/2007