

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2009
Secretary of State**

DOCUMENT# N05000004812

Entity Name: COLONIAL INSTITUTE, INC.

Current Principal Place of Business:

16114 TANA TEA CIR
TEGA CAY, SC 29708

New Principal Place of Business:

Current Mailing Address:

PO BOX 3237
FORT MILL, SC 29708

New Mailing Address:

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

Name and Address of Current Registered Agent:

DUNCAN, MICHAEL ESQ
3292 SEVEN SEAS DR
TAVARES, FL 32778 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: PD () Delete
Name: SALERNO, CRISTEN
Address: 16114 TANA TEA CIR
City-St-Zip: TEGA CAY, SC 29708

Title: VP () Delete
Name: DUNCAN, MICHAEL ESQ
Address: 3292 SEVEN SEAS DR
City-St-Zip: TAVARES, FL 32778

Title: ST () Delete
Name: JACKSON, EDWARD
Address: 3993 TYRONE BLVD SUIT 608-147
City-St-Zip: ST PETERSBURG, FL 33709

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 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

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date