


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90057 045 \*\*\*\*61.25

<b>DOCUMENT # 762512</b> 1. Entity Name HOMER HOYT ADVANCED STUDIES INSTITUTE, INC.	
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Principal Place of Business THE HOYT CENTER 760 U.S. HWY. ONE, SUITE 300 N. PALM BEACH, FL 33408	Mailing Address THE HOYT CENTER 760 U.S. HWY. ONE, SUITE 300 N. PALM BEACH, FL 33408-4424
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State	Zip	Country

03012007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent  SELDIN, MAURY THE HOYT CENTER #300 760 US HWY ONE NORTH PALM BCH, FL 33408	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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4. FEI Number 52-1263342	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, JEFFREY D <input type="checkbox"/> Delete 3310 GOSPORT CT BLOOMINGTON, IN 47401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FISHER, JEFFREY D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3310 GOSPORT COURT BLOOMINGTON, IN 47401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD SELDIN, MAURY <input type="checkbox"/> Delete 4737 ROYAL PALM CIRCLE NE SAINT PETERSBURG, FL 33703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELDIN, MAURY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4737 ROYAL PALM CIRCLE NE ST PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SMITH, HALBERT <input type="checkbox"/> Delete 432 TURKEY CREEK ALACHUA, FL 32615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP RACSTER, RONALD L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1441C CLIFF COURT COLUMBUS, OH 43210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS RACSTER, RONALD <input type="checkbox"/> Delete 1441C CLIFF COURT COLUMBUS, OH 43204	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/VP MILLER, NORMAN G <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5740 EAGLESRIDGE LANE CINCINNATI, OH 45230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDELL, KERRY <input checked="" type="checkbox"/> Delete 3301 TOPPING RD MADISON, WI 53705	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LING, DAVID C. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4632 NW 56th DRIVE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT DONOHUE, RON M <input type="checkbox"/> Delete 6372 143RD ST PALM BEACH, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O/AS HOWARD, THOMAS L ESQ. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 601 13th ST NW, STE 1000 S WASHINGTON, DC 20005

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** RON M DONOHUE *Ron M. Donohue* 3/2/07 561-694-7621  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #