


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90149 042 ****61.25

DOCUMENT # 762512

1. Entity Name
MAURY SELDIN ADVANCED STUDIES INSTITUTE, INC.



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**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04212008 Chg-NP CR2E037 (12/06)

4. FEI Number
52-1263342

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SELDIN, MAURY
THE HOYT CENTER #300
760 US HWY ONE
NORTH PALM BCH, FL 33408**

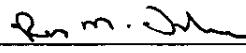
7. Name and Address of New Registered Agent

Name **RON M. DONOHUE**

Street Address (P.O. Box Number is Not Acceptable)
760 US HWY ONE, STE. 300

City **NORTH PALM BEACH FL** Zip Code **33408-4424**

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  **RON M. DONOHUE** 4/23/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FISHER, JEFFREY D 3310 GOSPORT CT BLOOMINGTON, IN 47401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELDIN, MAURY 4737 ROYAL PALM CIRCLE NE SAINT PETERSBURG, FL 33703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SMITH, HALBERT 432 TURKEY CREEK ALACHUA, FL 32615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP RACSTER, RONALD 1441C CLIFF COURT COLUMBUS, OH 43204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP MILLER, NORMAN G 5740 EAGLESRIDGE LANE CINCINNATI, OH 45230	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT DONOHUE, RON M 6372 143RD ST PALM BEACH, FL 33418	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 AS HOWARD, ESQ. THOMAS L. 601 13TH ST. NW STE. 1000 SOUTH WASHINGTON, DC 20005-3807	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LING, DAVID 4632 N.W. 56TH DRIVE GAINESVILLE, FL 32606-4316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP MILLER, NORMAN G. 1624 MALDEN ST. SAN DIEGO, CA 92109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** 4/23/08 561-694-7621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #