

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

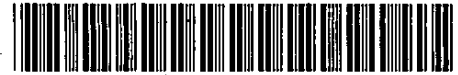
FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90223 001 ***422.50

DOCUMENT # F01000004506
 1. Entity Name
 COMPREHENSIVE INNOVATIONS INSTITUTE, INC.



Principal Place of Business: 200 SOUTH HOOVER BLVD., SUITE 200 TAMPA FL 33609
 Mailing Address: 200 SOUTH HOOVER BLVD., SUITE 200 TAMPA FL 33609



2. Principal Place of Business: 204 S. Hoover Blvd. Suite 200 Tampa FL 33609
 3. Mailing Address: 204 S. Hoover Blvd. Suite 200 Tampa FL 33609

1st MOORE CR2E037 (10/04)

4. FEI Number: 75-2664490 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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: _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: JOHNSON, MARY JANE STREET ADDRESS: 200 SOUTH HOOVER BLVD., SUITE 200 CITY-ST-ZIP: TAMPA FL 33609	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: 204 S. Hoover Blvd., Ste. 200 CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TCD NAME: LANDIS, ROBERT J STREET ADDRESS: 200 SOUTH HOOVER BLVD., SUITE 200 CITY-ST-ZIP: TAMPA FL 33609	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: 204 S. Hoover Blvd., Ste. 200 CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: WELCH, CATHY J. STREET ADDRESS: 200 SOUTH HOOVER BLVD., SUITE 200 CITY-ST-ZIP: TAMPA FL 33609	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: 204 S. Hoover Blvd., Ste. 200 CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: *Cathy J. Welch* Cathy J. Welch 3-16-05 813-288-4808
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #