

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90069 040 \*\*\*\*70.00

60009035




01122007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-1912796 Applied For Not Applicable

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

**DOCUMENT # N04000010883**

1. Entity Name  
 THE CENTER FOR INNOVATIVE ENTREPRENEURSHIP, INC.



Principal Place of Business  
 3010 N. MILITARY TRAIL  
 SUITE 300  
 BOCA RATON, FL 33431

Mailing Address  
 3010 N. MILITARY TRAIL  
 SUITE 300  
 BOCA RATON, FL 33431

2. Principal Place of Business - No P.O. Box #  
 3010 N. Military Trail

3. Mailing Address  
 3010 N. Military Trail

Suite, Apt. #, etc. ST-310 Suite, Apt. #, etc. ST-310

City & State Boca Raton FL City & State Boca Raton, FL

Zip 33431 Country USA Zip 33431 Country USA

6. Name and Address of Current Registered Agent  
 VFIN EXECUTIVE SERVICES, INC.  
 3010 N. MILITARY TRAIL  
 BOCA RATON, FL 33431

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

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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	P	<input type="checkbox"/> Delete
NAME	SOKOLOW, LENNY	
STREET ADDRESS	3010 N. MILITARY TRAIL, SUITE 300	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CEO/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sokolow, Lenny	
STREET ADDRESS	3010 N. Military Trail Suite 300	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mahoney, Tim	
STREET ADDRESS	68 Cayman PL	
CITY-ST-ZIP	Palm Beach Gardens 33418	
TITLE	S/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Groland, Leslie	
STREET ADDRESS	Partners Edwards Angell Palmer & Dodge	
CITY-ST-ZIP	350 East Las Olas Boulevard Fort Lauderdale FL 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

X SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/07  
 Date Daytime Phone #