


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90010 024 ****61.25

DOCUMENT # 767027		
1. Entity Name INVENTORS SOCIETY OF SOUTH FLORIDA, INC.		

Principal Place of Business 3220 SW 15 STREET DEERFIELD BEACH, FL 33442 US	Mailing Address PO BOX 244306 BOYNTON BEACH, FL 33424-4306 US
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40030653



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03012007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2447428	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BLUM, ALVIN 2350 DEL MAR PLACE FORT LAUDERDALE, FL 33301		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 _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. Election Campaign Financing ☐ \$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUM, ALVIN	NAME	
STREET ADDRESS	2350 DEL MAR PL	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAREMBA, JOANNA A	NAME	
STREET ADDRESS	5605 NW 49TH AVE	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33319	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUGHLIN, RICHARD	NAME	D LOUGHLIN, RICHARD
STREET ADDRESS	1100 THERESA ST.	STREET ADDRESS	1100 THERESA ST.
CITY-ST-ZIP	STUART, FL 34996	CITY-ST-ZIP	STUART, FL 34996
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILKEN, HOWARD	NAME	P SILKEN, HOWARD
STREET ADDRESS	5600 FOREST OAKS TERR	STREET ADDRESS	5600 FOREST OAKS TERR
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETTERSEN, LUCY	NAME	
STREET ADDRESS	3349 E LINDA DR	STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH, FL 349573946	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	V NEWMAN, ALBERT L.
STREET ADDRESS		STREET ADDRESS	13609 WHIPPET WAY
CITY-ST-ZIP		CITY-ST-ZIP	DELRAY BEACH, FL 33484-1257

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:

Howard Silken
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/2007
Date

361496-1146
Daytime Phone #