


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90055 001 \*\*\*\*61.25

<b>DOCUMENT # 767027</b> 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 <del>24486</del> <b>6008</b> <del>BOYNTON BEACH, FL 33424</del> <b>US</b> <b>Delray Beach, FL 33482</b>	
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	4. FEI Number <b>59-2447428</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 <b>Albert L. Newman</b> Street Address (P.O. Box Number is Not Acceptable) <b>13609 Whippet Way E.</b> City <b>Delray Beach</b> FL <b>33484</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUM, ALVIN 2350 DEL MAR PL FORT LAUDERDALE, FL 33301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZAREMBA, JOANNA A 5605 NW 49TH AVE TAMARAC, FL 33319		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUGHLIN, RICHARD 1100 THERESA ST. STUART, FL 34996		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILKEN, HOWARD 5600 FOREST OAKS TERR DELRAY BEACH, FL 33484		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Marvin Greenhut 8758 Chunnel Terrace Boca Raton, FL 33433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETTERSEN, LUCY 3349 E LINDA DR JENSEN BEACH, FL 349573946		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEWMAN, ALBERT L 13609 WHIPPET WAY DELRAY BEACH, FL 334841257		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Newman, Albert L 13609 Whippet Way E. 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.					
<b>SIGNATURE:</b> <u>Albert L. Newman</u> <i>Albert L. Newman</i> <b>3-1-08</b> (561) 495-7399 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					