

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000006397

FILED
Jan 09, 2009
Secretary of State

Entity Name: THE CENTER FOR PRECIOUS MINDS, INC.

Current Principal Place of Business:

7000 WEST CAMINO REAL
210
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

7000 WEST CAMINO REAL
SUITE 210
BOCA RATON, FL 33433

New Mailing Address:

7000 WEST CAMINO REAL
210
BOCA RATON, FL 33433

FEI Number: 02-0666579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, ANDREW D
7000 WEST CAMINO REAL
SUITE 210
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, ANDREW D
Address: 5943 NORTHWEST 66TH WAY
City-St-Zip: PARKLAND, FL 33067

Title: VD () Delete
Name: LOUIE, ELIZABETH M
Address: 5943 NORTHWEST 66TH WAY
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW SMITH

PD

01/09/2009

Electronic Signature of Signing Officer or Director

_____ Date