2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741497

FILED Apr 08, 2008 Secretary of State

Entity Name: FAMILY RESOURCE CENTER OF SOUTH FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

155 SOUTH MIAMI AVENUE 155 SOUTH MIAMI AVENUE

500 400

MIAMI, FL 33130 US MIAMI, FL 33130 US

Current Mailing Address: New Mailing Address:

155 SOUTH MIAMI AVENUE 155 SOUTH MIAMI AVENUE

0 400

MIAMI, FL 33130 US MIAMI, FL 33130 US

FEI Number: 59-1788265 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WUNDERMAN, OREN PHD
155 SOUTH MIAMI AVE
STE 500

WUNDERMAN, OREN PHD
155 SOUTH MIAMI AVE
STE 400

MIAMI, FL 33130 US MIAMI, FL 33130 US

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:

04/08/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 CD
 () Delete
 Title:
 CD
 (X) Change () Addition

 Name:
 KELLER, JOHN ESQ
 Name:
 LIEBMAN, SHARON ESQ

Address: 3250 MARY STREET SUITE 405 Address: 150 W. FLAGLER ST. #1910

City-St-Zip: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 33130

Title: TD () Delete Title: TD (X) Change () Addition Name: KAPLAN, ANDREW CPA Name: MENDEZ, JO

 Address:
 613 LAYNE BLVD
 Address:
 3275 NW 87TH AVE

 City-St-Zip:
 HALLANDALE BEACH, FL 33009
 City-St-Zip:
 MIAMI, FL 33172

Title: () Delete Title: (X) Change () Addition WUNDERMAN, OREN PHD WUNDERMAN, OREN PHD Name: Name: 155 S. MIAMI AVE. #500 155 S. MIAMI AVE. #400 Address: Address: City-St-Zip: MIAMI, FL 33130 City-St-Zip: MIAMI, FL 33130

Title: VC () Delete Title: VC (X) Change () Addition Name: LIEBMAN, SHARON ESQ Name: HUTTON, JOHN ESQ

Address: 150 W. FLAGLER STREET #1910 Address: 1221 BRICKELL AVENUE #2713

City-St-Zip: MIAMI, FL 33130 City-St-Zip: MIAMI, FL 33131

 Title:
 () Delete
 Title:
 SC () Change (X) Addition

 Name:
 Name:
 FERNANDEZ, ROBERT ESQ

 Address:
 Address:
 800 DOUGLAS ROAD #850

 City-St-Zip:
 City-St-Zip:
 CORAL GALBES, FL 33134

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OREN WUNDERMAN, PHD ED 04/08/2008