2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT



Jul 16, 2007 8:00 am Secretary of State

FILED

DOCUMENT # 750587 1. Entity Name DEERFIELD BEACH AUXILIARY OF THE HABILITATION CENTER FOR THE HANDICAPPED, INC.				202	07-16-2007 90128 033 ****61.25				
Principal Place of Business 22313 BOCA RIO ROAD BOCA RATON, FL 33433		Mailing Address 22313 BOCA RIO ROAD BOCA RATON, FL 33433		4014	,	BIL BIBIL BIBIL BIBIL BIBIL BIBI	1 11 11		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07092007	Chg-NP	CR2E037 (12/06)			
City & State	e	City & State		4. FEI Number 59-2024	495		plied For at Applicable		
Zip	Country	Zip	Country	5. Certificate of	Status Desired	S8.75 Add			
	6. Name and Address of Curren	t Registered Agent	None	7. Name and A	ddress of New Reg	istered Agent			
FERRIS, V	VILLIAM C.		Name						
	CA RIO ROAD		Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
BOCA RA	TON, FL 33433								
			City			FL Zip Cod	e		
	named entity submits this statement lions of registered agent.	or the purpose of changing its re	egistered office or	registered agent, or both,	, in the State of Florid	da. I am familiar with,	and accept		
SIGNATURE .	Signature, typed or printed name of registered ager	it and title if applicable. (NOTE: F	Registered Agent signatur	re required when reinstating)		DATE			
Di	Filing Fee is \$61.25 ue by September 14, 2007	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees		re check payable to a Department of S			
D t	ue by September 14, 2007 OFFICERS AND D	Trust Fund Co		Added to Fees ADDITIONS/CHAP	Florid NGES TO OFFICERS	a Department of S	tate		
	ue by September 14, 2007	Trust Fund Co	ntribution. 11. TITLE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHAP CO-PRES & SHEAR, FAY 2.039 / YNO H	Florid NGES TO OFFICERS DIRECTOR	a Department of Si AND DIRECTORS IN Change	10 Addition		
10. TITLE NAME STREET ADDRESS	OFFICERS AND D TD ZVERIN, NATALIE 96 LYNHURST E DEERFIELD BEACH, FL 33442 SD	Trust Fund Co	ntribution. 11. TITLE NAME STREET ADDRESS	ADDITIONS/CHAP CO-PRES & SHEAR, FAY 2039 LYNDH DEET/2FIELO	Florid NGES TO OFFICERS DIRECTOR	a Department of Si AND DIRECTORS IN Change	10 Addition		
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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.

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Matalei Sultein
SIGNATURE AND TYPED ON PRINYED NAME OF SIGNING OFFICER OR DIRECTOR

(954)698-089^L