

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 17, 2008
Secretary of State

DOCUMENT# 757837

Entity Name: PBDA - FLAGLER CAMPUS, INC.**Current Principal Place of Business:**1901 SOUTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401**New Principal Place of Business:****Current Mailing Address:**1901 SOUTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401**New Mailing Address:****FEI Number:** 59-2106026**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GY CORPORATE SERVICES, INC.
777 S. FLAGLER DR.
SUITE 500E
WEST PALM BEACH, FL 33401 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MUNDER, LEE
Address: 1029 NORTH OCEAN BOULEVARD
City-St-Zip: PALM BEACH, FL 33480

Title: VP () Delete
Name: LEONE, PAUL N
Address: THE BREAKERS, 1 S COUNTY ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: TREA () Delete
Name: AINSLIE, MICHAEL
Address: 415 SEASPRAY AVE
City-St-Zip: PALM BEACH, FL 33480

Title: SEC () Delete
Name: MONELL, AMBROSE
Address: 635 CREST ROAD
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEONE, PAUL
Address: THE BREAKERS, 1 S COUNTY ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: VP (X) Change () Addition
Name: MONELL, AMBROSE N
Address: 635 CREST ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: TREA (X) Change () Addition
Name: JOHNSON, SCOTT
Address: 241 MOCKINGBIRD TRAIL
City-St-Zip: PALM BEACH, FL 33480

Title: SEC (X) Change () Addition
Name: PALAGYE, STACY
Address: 211 EDEN ROAD
City-St-Zip: PALM BEACH, FL 33480

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: PAUL LEONE

P

10/17/2008

Electronic Signature of Signing Officer or Director

Date