


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000006268 1. Entity Name CENTER FOR HUMAN ENTREPRENEURSHIP SERVICES, INC.	
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Principal Place of Business 921 BEASLEY STREET SUITE 210 LEXINGTON, KY 40509	Mailing Address 921 BEASLEY STREET SUITE 210 LEXINGTON, KY 40509
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DO NOT WRITE IN THIS SPACE



04232007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4572809	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JAMISON, SHARON 2700 ATLANTIC AVENUE FERNANDINA BEACH, FL 32034	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRM GROEBER, CHRIS 921 BEASLEY STREET, SUITE 210 LEXINGTON, KY 40509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GROEBER, CHRIS 921 BEASLEY STREET, SUITE 210 LEXINGTON, KY 40509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCHR HOFFMAN, KAY 6TH FL OFFICE TWR., UNIV. OF KENTUCKY LEXINGTON, KY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRD, SHARON 611 SAWGRASS COURT RICHMOND, KY 40475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAVEN, BILL 236 MAIN STREET UNIONTOWN, KY 42461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:  **WILLIAM F. BEAVEN** **4/27/07** **270 822-4218**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #